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COVER LETTER

Amendment Section Division of Corporations

TO:

· · · · · · · · · · · · · · · · · · ·					
SUBJECT: Columbus Health Care, Inc.					
DOCUMENT NUMBER:_	P09000093				
The enclosed Articles of Corr	rection and fee a	re sub	mitted f	or filing.	
Please return all corresponde	nce concerning t	his ma	itter to t	he following:	
Angel Name of C	Troncoso Contact Person			-	
Firm/C	Company	·		-	
15201 Oc	tavia Lane			-	
Odessa, Flo				-	
americanuniontrea E-mail address: (to be used	·	n notificati	on)		
For further information conce	erning this matte	r, plea	se call:		
Angel Troncose Name of Contact Person	O n	at (813 Area Cod) 767-4930 e & Daytime Telephone Number	
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Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	7 I (Amend Divisio Clifton 2661 E	Buildii xecutiv	ection rporations	

ARTICLES OF CORRECTION

for

Columbus Health Care, Inc. Name of Corporation as currently filed with the Florida Dept. of State

P09000093327	
Document Number (if known)	0
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statu these Articles of Correction within 30 days of the file date of the documer	ites, this corporation files, the being corrected.
These articles of correction correct Original Articles of Incorporation (Document Type Being Corr	ected) , S
filed with the Department of State on November 12, 2009 (File Date of Document)	—·
Specify the inaccuracy, incorrect statement, or defect:	•
1 -Name of president and incorporator was misspelled.	
2 - No vice-president was listed.	
Correct the inaccuracy, incorrect statement, or defect:	
1 - Correct name of president and incorporator is Carlos Hill	
2 - Vice-president's name is Luis Garcia.	
Vice-president's address is: 3434 W. Columbus Drive, Suite 2	204, Tampa, FL 33607
(Signature of a director, president or other officer - if directors or officers h not been selected, by an incorporator - if in the hands of the receiver, trusta other court appointed fiduciary, by that fiduciary.)	ave ee, or
Carlos Hill	President (Title of person signing)

Filing Fee: \$35.00