

P/2000002281

(Requestor's Name)

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(City/State/Zip/Phone #)

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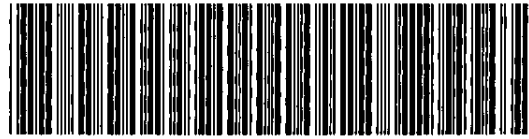
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Art. & Correction
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARIAS MEDICAL CENTER, INC
Name of Corporation

DOCUMENT NUMBER: P12000002281

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUZ MORIYON
Name of Contact Person

ARIAS MEDICAL GROUP INC
Firm/Company

5590 W 20 AVE SUITE 100
Address

HIACLEAH, FL 33016
City/State and Zip Code

Luz@Olympusmedicalcenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUZ MORIYON at (305) 556 4420
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

ARIAS MEDICAL CENTER, INC

Name of Corporation as currently filed with the Florida Dept. of State

P12000002281

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on 01-06-2012
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

5590 NW 20TH AVE

100

HIACLEAH, FL 33016

Correct the inaccuracy, incorrect statement, or defect:

5590 W 20TH AVE

100

HIACLEAH, FL 33016

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12 JAN 17 AM 11:18
SEC. OF STATE
TALLAHASSEE, FL 32399



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Luz Moriyon

(Typed or printed name of person signing)

Chief Operating Officer.

(Title of person signing)

Filing Fee: \$35.00