

PI3000064453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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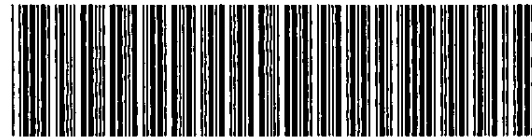
(Business Entity Name)

(Document Number)

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Ant Correction
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunshine Comprehensive Healcare, Inc

Name of Corporation

DOCUMENT NUMBER: P13000064453

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

Please return all correspondence concerning this matter to the following:

Michael Poitevien

Name of Contact Person

Sunshime Comprehensive Healcare, Inc

Firm/Company

99 NE 166th Street

Address

North Miami Beach FL 33162

City/State and Zip Code

sunshinehealthcare@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Alexander

Name of Contact Person

at (**305**) **785-9513**

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

FILING CANCELLED
RETURNED CHECK

Sunshine Comprehensive Healcare, Inc

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

P13000064453

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 Sunshine Comprehensive Healthcare, Inc,
(Document Type Being Corrected)

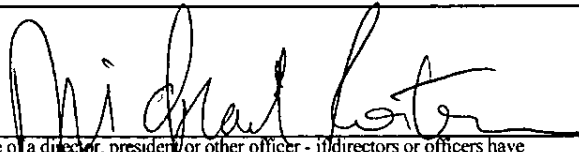
filed with the Department of State on 08/01/2013
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name:

Correct the inaccuracy, incorrect statement, or defect:

Correct Name:
Sunshine Comprehensive
Healthcare, Inc.


(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.)

Michael Poitevien

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00