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TALLAHASSEE, FLORIDA

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dr. James Paul Cima Inc

Name of Corporation

DOCUMENT NUMBER: P13000089557

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

Please return all correspondence concerning this matter to the following:

Dr. James Paul Cima

Name of Contact Person

Dr. James Paul Cima inc

Firm/Company

3345 Burns Rd. Suite 306

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

JAMESCIMA@GMAIL.COM

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

For further information concerning this matter, please call:

DR. JAMES PAUL CIMA at (561) 627-3810

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

DR. JAMES PAUL CIMA INC

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

P13000089557

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 **EFFECTIVE DATE**
(Document Type Being Corrected)

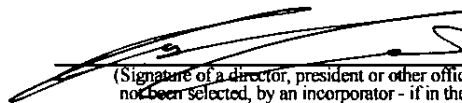
filed with the Department of State on **11/1/2013**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The effective date was filed as 1/1/2014

Correct the inaccuracy, incorrect statement, or defect:

The effective date needs to be 11/1/2013


(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.)

DR. JAMES PAUL CIMA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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13 NOV 12 PM 12:55
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TALLAHASSEE, FLORIDA