## P1400008309

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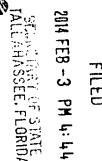
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Genoma Ho DOCUMENT NUMBER:	me Health Care Ageny, -
The enclosed Articles of Correction and fe	·
Please return all correspondence concerning  RAYDE Mirmo  Name of Contact Person  Hama Ha	IP
1499 Forest Hill Address	Bluck Suite 100
LAKE Clarite Shores City/State and Zin Code 1	Palm Beach, Fl 33404
pedisupport@hormail.  E-figit address: (to be used for future annual re	DM -
For further information concerning this ma	atter, please call:
Raydel Miranda Name of Contact Person	
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\$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

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For

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P 14000008309	<b>3</b> U
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document b	this corporation files eing corrected.
These articles of correction correct Article of Dicor	boration.
(Document Type Being Correcte	)
filed with the Department of State on	
Specify the inaccuracy, incorrect statement, or defect:	( )
The suite number was incorret	(107)
	( )
Correct the inaccuracy, incorrect statement, or defect:	
Correct Suite is (106)	
	<del></del>
(Signature of Adirector, 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 down appointed fiduciary, by that fiduciary.)	
RAydel HERANDA. PR	resident
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00