

P15000001914

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L. CARROLL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNICARE MEDICAL CENTER CORP

Name of Corporation

DOCUMENT NUMBER: P15000001914

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

Please return all correspondence concerning this matter to the following:

Javier Reyna Lopez

Name of Contact Person

UNICARE MEDICAL CENTER CORP

Firm/Company

61 Grand Canal Ste 200

Address

Miami/FL 33144

City/State and Zip Code

accounting@univistainsurance.com

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

For further information concerning this matter, please call:

Rey Cardenas

Name of Contact Person

at (**305**) **508-9847**

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

UNICARE MEDICAL CENTER CORP

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

P15000001914

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 **January 7th, 2015**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name of the Officers are incorrect

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Correct the inaccuracy, incorrect statement, or defect:

NAME: JAVIER REYNA LOPEZ

NAME: ALDO MARTINEZ FLEITES

Javier Reyna Lopez

Digitally signed by Javier Reyna Lopez
DN: cn=Javier Reyna Lopez, o=Unicare Medical Center
Corp, email=accounting@univmstinsurance.com, c=US
Date: 2015.02.03 16:53:11 -05'00'

(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.)

JAVIER REYNA LOPEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00