

P18000015147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

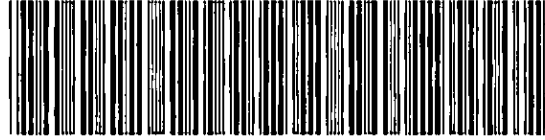
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600309771306

03/05/18--01043--022 ++35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAR -5 P 3:56

FILED

MAR 07 2018

T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADVANCED CLINICAL CARE, INC.

Name of Corporation

**DOCUMENT NUMBER:** P18000015147

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

Please return all correspondence concerning this matter to the following:

**DAVID B. LANTER**

Name of Contact Person

**LANTER, LEONARDO, & DICRESCENZO, LLC**

Firm/Company

**1800 NW CORPORATE BLVD #303**

Address

**BOCA RATON, FL 33431**

City/State and Zip Code

**DLANTER@LLDCPA.COM**

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

For further information concerning this matter, please call:

**DAVID B. LANTER**

Name of Contact Person

at ( 561 ) 998-7770

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

**ADVANCED CLINICAL CARE, INC.**

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

**P18000015147**

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 **FEBRUARY 13, 2018**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**ARTICLE VII NAMES PRESIDENT AS ALIZ L. LEONARDO  
AS PRESIDENT IN ERROR.**

Correct the inaccuracy, incorrect statement, or defect:

**PRESIDENT SHOULD BE NATY L. DIAZ. THE ADDRESS IS CORRECT.  
ALIZ L. LEONARDO HAS NEVER BEEN ASSOCIATED WITH THIS  
COMPANY.**



(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.)

**DAVID B. LANTER**

(Typed or printed name of person signing)

**INCORPORATOR**

(Title of person signing)

FILED  
2018 MAR -5 P 3:58  
STATE OF FLORIDA  
TALLAHASSEE COUNTY

**Filing Fee: \$35.00**