

P18000015147

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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T. LEMIEUX

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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)

Filing Fee: \$35.00

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STATE OF FLORIDA
TALLAHASSEE