

700309461917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

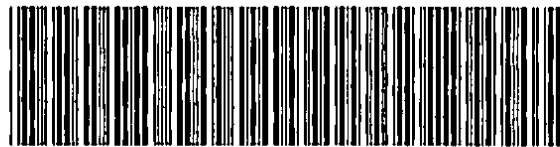
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700309461917

03/01/18--01010--008 **35.00

Cor. Ne

R. WHITE

MAR 02 2018

FILED

18 MAR -1 PM 2:34

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Piurica Health, Inc.

Name of Corporation

DOCUMENT NUMBER: P18000016895

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

Please return all correspondence concerning this matter to the following:

Piedad Uribe

Name of Contact Person

PIURCA HEALTH, INC

Firm/Company

300 SW 130 Terrace B 312

Address

Pembroke Pines, FL 33027

City/State and Zip Code

piurica1@gmail.com

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

For further information concerning this matter, please call:

Piedad Uribe

Name of Contact Person

at (**754**) **244 7105**

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

FILED

For

18 MAR -1 PM 2:33

PIURCA HEALTH, INC

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

P18000016895

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 Corporation

(Document Type Being Corrected)

filed with the Department of State on 2/19/2018

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PIURCA HEALTH, INC

Correct the inaccuracy, incorrect statement, or defect:

PIURICA HEALTH, INC



(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.)

Piedad Uribe MS, CAP

(Typed or printed name of person signing)

Owner

(Title of person signing)

Filing Fee: \$35.00