

P1900000579

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

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Account Name : NEIMAN & INTERIAN, PLLC
Account Number : 120180000010
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SECRETARY OF STATE
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
OCULAR HEALTH MANAGEMENT SOLUTIONS, INC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocular Health Management Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: P19000008579

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

Please return all correspondence concerning this matter to the following:

Jan S. Neiman, Esq.

Name of Contact Person

Neiman & Interian, PLLC

Firm/Company

2020 Ponce De Leon Blvd, Suite 1005B

Address

Coral Gables, Florida 33134

City/State and Zip Code

jneiman@niflalaw.com

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

For further information concerning this matter, please call:

Jan S. Neiman, Esq. at (305) 530-9400

Name of Contact Person

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

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ARTICLES OF CORRECTION

For

OCULAR HEALTH MANAGEMENT SOLUTIONS, INC.

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

P19000008579

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 30, 2019**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**INCORRECT ADDRESS WAS LISTED IN ARTICLES VI, VIII AND IX
OF THE ARTICLES OF INCORPORATION**

Correct the inaccuracy, incorrect statement, or defect:

PLEASE CORRECT THE ADDRESS LISTED IN ARTICLES VI, VIII AND IX TO THE FOLLOWING:

7352 NW 34th Street

Miami, Florida 33122

Lee R Stern

(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.)

Lee Stern

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35.00

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