

P19 0000 26351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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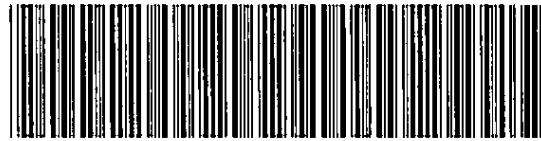
(Business Entity Name)

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R. WHITE

APR 19 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CELINA A. RUIZ OD PA

Name of Corporation

**DOCUMENT NUMBER:** P19000026351

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

Please return all correspondence concerning this matter to the following:

**CELINA A. RUIZ**

Name of Contact Person

**CELINA A. RUIZ OD PA**

Firm/Company

**2700 SW 27 AVENUE #1214**

Address

**MIAMI, FL 33133**

City/State and Zip Code

**CDIEGO0190@GMAIL.COM**

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

For further information concerning this matter, please call:

**CELINA A. RUIZ**

Name of Contact Person

at ( **786** ) **514-5495**

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

2019 APR 15 PM 3:42

CELINA A. RUIZ OD PA

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

FILED  
TALLAHASSEE, FL

P19000026351

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 ELECTRONIC ARTICLES OF INCORPORATION  
(Document Type Being Corrected)

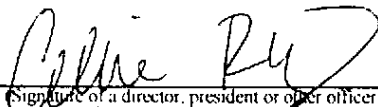
filed with the Department of State on MARCH 22, 2019  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE III: PROFESSIONAL ASSOCIATION OF A DOCTOR OF  
OSTEOPATHIC MEDICINE.

Correct the inaccuracy, incorrect statement, or defect:

ARTICLE III: PROFESSIONAL ASSOCIATION OF AN OPTOMETRIC  
DOCTOR.



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.)

CELINA A. RUIZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00