

P190000 39335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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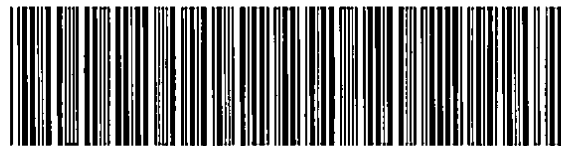
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VICES CLINICAL RESEARCH INC

Name of Corporation

DOCUMENT NUMBER: P19000039335

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

Please return all correspondence concerning this matter to the following:

JIMENEZ, YADENIS

Name of Contact Person

VICES CLINICAL RESEARCH INC

Firm/Company

4148 B NORTH ARMENIA AVE

Address

TAMPA, FL 33607

City/State and Zip Code

YADYCYEN@GMAIL.COM

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

For further information concerning this matter, please call:

YADENIS JIMENEZ

Name of Contact Person

at (**813**) **765 1511**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$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

VICES CLINICAL RESEARCH INC

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

P19000039335

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 N/A
(Document Type Being Corrected)

filed with the Department of State on 05/03/2019
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME OF THE CORPORATION IS

"VICIS CLINICAL RESEARCH INC"

(Correct the inaccuracy, incorrect statement, or defect:

(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)

YADENIS JIMENEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00