

P200000 35604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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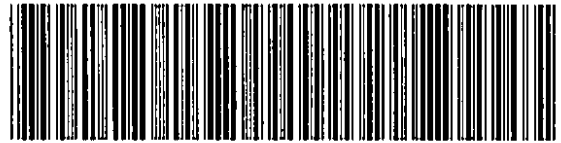
(Business Entity Name)

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of
Correction

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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRIDGING THE GAP HEALTHCARE INC

Name of Corporation

DOCUMENT NUMBER: P2000035604

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

Please return all correspondence concerning this matter to the following:

PHEBE SIMMONS

Name of Contact Person

MAGA HEALTHCARE INC

Firm/Company

1020 10TH AVE W, STE 91

Address

PALMETTO, FL 34221

City/State and Zip Code

MAGAHHC@GMAIL.COM

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

For further information concerning this matter, please call:

PHEBE SIMMONS

209

815-8468

Name of Contact Person

at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF CORRECTION

For

BRIDGING THE GAP HEALTHCARE INC

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

P20000035604

(Document Number (if known))

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct THE ELECTRONIC ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on MAY 11, 2020
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PRESIDENT - JANELLE SOLOMON

VICE PRESIDENT - MARIA SHIVALIER

Correct the inaccuracy, incorrect statement, or defect:

PRESIDENT - PHEBE SIMMONS

VP - N/A



(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)

Phebe Simmons

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

Filing Fee: \$35.00

RECEIVED
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