P20000081705

(Req	uestor's Name)	
(Áddi	ress)	
(Add	ress)	
(,	_
(City/	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



100388297671

05/27/22--01009--024 ++52.50

ROZZMAY 27 PM 4: 29 SEGRETIANT DE STATE

A. BUTLER AUG - 1 2022

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations	
SUBJECT: CONCEDCION	Health care INC
DOCUMENT NUMBER: <u>1200</u>	0008/705
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Ricky Concerns	(10N_
CONCEPCION Heal	Heare INC
13599 Beaver D	an RO
Te Monulle F/3	2224
Cicky o 40 Greener DSS	Dymail. Lon
For further information concerning this mat	ter, please call:
Ricky Contact resson	at (904) 3/0-229/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount	nt:
□ \$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	Street Address: Amendment Section

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF CORRECTION FILED

For 2022 MAY 27 PM 4: 29	
CONCEDION HEATH CARE SECRETAGE STATE Name of Corporation as currently filed with the Florida Dept. of State, PLLE FIRES SEED, FL	
Name of Corporation as currently filed with the Florida Dept. of State, p. L. L. F. F. F. D. D. E. L. F. L.	
P2000 08/705 Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
Pursuant to the provisions of Section 607.0124, Florida Statutes. These articles of correction correct (Document Type Being Corrected)	
filed with the Department of State on / 0-12-2020. (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect: Concepcion, Ricky	_
first name should be fick	_
	_
	_
	_
Correct the inaccuracy, incorrect statement, or defect:	
_	_
CONCEPUON, RICK	_
	_
	_
	_
(Silver to provide to the first	
(Sight-dire of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if fir the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
Rick Concepción Derner	
(Typed or printed name of person \(\frac{1}{2}\)gring (Title of person signing)	

Filing Fee: \$35.00