# P23000002475

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## **COVER LETTER**

**Division of Corporations** New Horizons Healthcare Services Inc SUBJECT: Name of Corporation **DOCUMENT NUMBER:** P23000002475 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jorge M Ruiz Name of Contact Person NEW HORIZONS HEALTHCARE SERVICES INC Firm/Company 5078 NW 74 TH AVENUE SUITE B Address MIAMI FL 33166 City/State and Zip Code NEWHORIZONSHEALTHCARESERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge M Ruiz Name of Contact Person Enclosed is a check for the following amount: ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$35.00 Filing Fee ☐ \$52.50 Filing Fee. Certificate of Status & ■ \$43.75 Filing Fee & Certified Copy Certified Copy

### Mailing Address:

Amendment Section

TO:

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

# ARTICLES OF CORRECTION

Transfer of the

For

New Horizons Healthcare Services Inc		
Name of Corporation as currently	filed with the Florida Dept, of State	282
P23000002475		2023 HAR
	mber (if known)	
	- 1	9 1
Pursuant to the provisions of Section 607.0124, F	lorida Statutes.	₹ [
These articles of correction correct Articles	s of Incorporation ్లో	AH
	(Document Type Being Corrected)	
filed with the Department of State on 01/06/123	(File Date of Document)	
	,	
Specify the inaccuracy, incorrect statement, or de-		
Principal Place of Bussiness Address: 7275 West 15 Aver	nue Hialeah FL 33014	
Mailing Address of the Corporation: 7275 West 15 Avenue	ae Hialeah FL 33014	
Florida Street Address of the Registeed Agent is: 7275 W	/est 15 Avenue Hialeah FL 33014	
Address of the incorporator: 7275 West 15 Avenue High	eah FL 33014	
		<del></del>
		. <u>.</u>
Correct the inaccuracy, incorrect statement, or def	fect:	
Principal Place of Bussiness Address: 5078 NW 74 TH A	VENUE SUITE B MIAMI FL 33166	
Mailing Address of the Corporation: 5078 NW 74 TH AV	'ENUE SUITE B MIAMI FL 33166	
Florida Street Address of the Registeed Agent is: 5078 N	W 74 TH AVENUE SUITE B MIAMI FL 33160	5
Address of the incorporator: 5078 NW 74 TH AVENUE	SUITE B MIAMI FL 33166	
		<u> </u>
Business address change		
Signature of a director, president or or	ther officer - if directors or officers have	
not been selected, by an incorporator other court appointed fiduciary, by th	- if in the hands of the receiver, trustee, or	
Jorge M ruiz	President	
(Typed or printed name of person signing)	(Title of person signing)	

Filing Fee: \$35.00