P04000029490

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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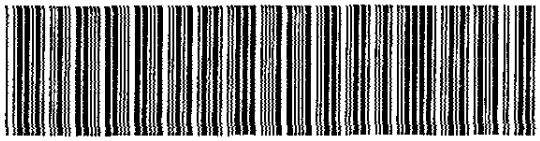

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TALLAHASSEE, FLORIDA

Art. of Correction / Name chg.
2/26/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARE HEATH & WELLNESS CENTER INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000029490

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

Please return all correspondence concerning this matter to the following:

MATTHEW SICA
(Name of Person)

CARE HEALTH & WELLNESS CENTERS INC.
(Name of Firm/Company)

1704 N. 44th AVE
(Address)

HOLLYWOOD, FLORIDA. 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW SICA at (954) 966-7700
(Name of Person) (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, Florida 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

for

CARE HEATH & WELLNESS CENTERS INC.
Name of Corporation as currently filed with the Florida Dept. of State

P04000029490
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 ARTICLE I corporation name,
(Document Type)

filed with the Department of State on FEBRUARY 13, 2004.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

(SPELLING OF Corporation Name)

"CAREHEATH & WELLNESS CENTERS INC."

Correct the inaccuracy, incorrect statement, or defect:

(Spelling of Corporation Should be)

"CARE HEALTH & WELLNESS CENTERS INC."

(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.)

ALLAN SIDORSKY
(Typed or printed name of person signing)

Vice President
(Title of person signing)

Filing Fee: $35.00