

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI DADE MEDICAL EQUIPMENTS INC

Name of Corporation

DOCUMENT NUMBER: P12000078953

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

Please return all correspondence concerning this matter to the following:

LEONIDAS ZELEDON

Name of Contact Person

MIAMI DADE MEDICAL EQUIPMENTS INC

Firm/Company

8420 SW 150 AVE UNIT 101

Address

MIAMI FL 33193

City/State and Zip Code

MARTHAMARTINEZ1959@YAHOO.COM

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

For further information concerning this matter, please call:

LEONIDAS ZELEDON

Name of Contact Person

at (786) 7680118

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

MIAMI DADE MEDICAL EQUIPMENTS INC

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

P12000078953

Document Number (if known)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 27 AM 8:19

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 VICE PRESIDENTS NAME/ OFFICERS,
(Document Type Being Corrected)

filed with the Department of State on 09/17/2012.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

VICE PRESIDENTS NAME OF LEONIDAS E ZELEDON WAS ENTER IN ERROR

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME OF THE VICE PRESIDENT IS FELIX EFRAIN ZELEDON



(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.)

MARIA I DIAZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00