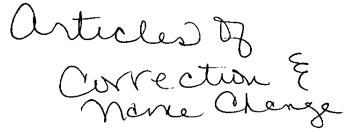
## P14000023008

(Req	uestor's Name)	
(Address)		
(Add	ress)	
(City.	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:





900258003779



03/24/14--01030--010 \*\*35.00



2/25/14

## **COVER LETTER**

Division of Corporations		
SUBJECT: HERE MEDICAL	SERVICES INC	
DOCUMENT NUMBER: P14000023	me of Corporation 008	
The enclosed Articles of Correction and fee		
Please return all correspondence concerning	g this matter to the following:	
ADRIAN MORLANNE		
Name of Contact Person  E MORLANNE AND SON ACC  Firm/Company	COUNTING	
1275 W 47 PL SUITE 3	12	
HIALEAH, FL 33012  City/State and Zip Code		
BADAD@MSN.COM  E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this mat	ter, please call:	
ADRIAN MORLANNE	at (786) 360-3004  Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amou	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 Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION FILED For 2014 MAR 24 PM 4: 21 HERE MEDICAL SERVICES INC Name of Corporation as currently filed with the Florida Dept. of State P14000023008 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 P14000023008 (Document Type Being Corrected) filed with the Department of State on 03/12/2014 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: HERE MEDICAL SERVICES INC REGISTER AGENT: GRIVEL HERE-GOMEZ INCORPORATOR: GRIVEL HERE-GOMEZ PRESIDENT: GRIVEL HERE-GOMEZ Correct the inaccuracy, incorrect statement, or defect: HERA MEDICAL SERVICES INC REGISTER AGENT: GRIVEL HERA-GOMEZ INCORPORATOR: GRIVEL HERA-GOMEZ PRESIDENT: GRIVEL HERA-GOMEZ

(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.)

GRIVEL HERA GOME 2
(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00