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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOURCE ONE MEDICAL INC

(Name of Corporation)

DOCUMENT NUMBER: P04000037817

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

Please return all correspondence concerning this matter to the following:

CHARLIE DEMENZES

(Name of Person)

SOURCE ONE MEDICAL INC

(Name of Firm/Company)

1410 NE 8TH AVE

(Address)

OCALA, FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLIE DEMENZES

(Name of Person)

at (352)

622-4932

(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

ARTICLES OF CORRECTION

for

SOURCE ONE MEDICAL, INC

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

P04000037817

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 ARTICLES OF INCORPORATION,
(Document Type)

filed with the Department of State on FEBRUARY 23, 2004

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

SOURCE ONE MEDICAL, INC.

FILED
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SECRETARY OF STATE
ALAHASSEE, FLORIDA

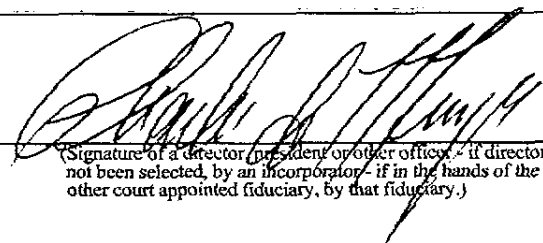
Correct the inaccuracy, incorrect statement, or defect:

SOURCE 1 MEDICAL, INC.

ADD JASON ROADERICK DIRECTOR

P. O. BOX 4230

OCALA, FL 34478



(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.)

CHARLIE DEMENZES

(Typed or printed name of person signing)

SECRETARY/TREASURER

(Title of person signing)

Filing Fee: \$35.00