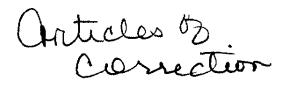
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL
PICK-UP WAIT MAIL  (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

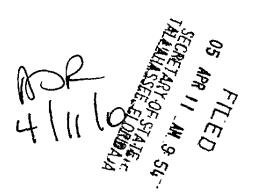
Office Use Only



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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Florida Coalition for Children Behavioral Health Network, Inc. (Name of Corporation)								
DOCUMENT NUMBER: N05000002625								
The enclosed Articles of Correction and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Michael Cusick (Name of P	erson)							
Florida Coalition for Children Behavioral Health Network, Inc. (Name of Firm/Company)								
864 East Park Ave.								
(Address)								
Tallahassee, FL 32301 (City/State and Zip Code)								
For further information concerning this matter, please call:								
Michael Cusick at (Name of Person)	850 ) 222-5620 (Area Code & Daytime Telephone Number)							
V ,	, , , , ,							
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								
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

	AF	RTICLES C	OF CORREC	CTION	OS APO	SILED
			for	7.4	CART	11 Au
Florida Coalit	tion for Children Name of		Health Network only filed with the Flori	, Inc. da Dept. of State	ALLASSE	ELED 11 AN 9-54 OF STATE FLORIDA
	N0500	00002625 Document	t Number (if known)		-	· <b>O</b> A
Pursuant to the pr these Articles of (	rovisions of Sec Correction with	tion 607.0124 in 30 days of t	or 617.0124, F the file date of t	Torida Statu the docume	ites, this cont being co	orporation files orrected.
These Articles of	Correction corr	ect Articles of	f Incorporation (Doc	ument Type)		
filed with the Dep	partment of Stat	e on March 1	5, 2005 (File Date of Docu	ment)		
Specify the inacci	uracy, incorrect	statement, or	defect:			
Article X., Board	of Directors, ina	dvertently om	itted the name	s and addre	sses of the	initial Members/
Directors						
			<del></del>			
Correct the inacco	uracy, incorrect	statement, or	defect:			
Under Article X.,	• •	-		es of the ini	tial Membe	ers/Directors are
as follows:						
Name	Address					
David Bundy	1485 South Se	moran Blvd., S	Suite 1448, Win	ter Park, F	L 32792	
Lee Johnson	1 South School	Road, Suite 3	01, Sarasota, F	L 34277		
Roger Boudhard	P. O. Box 2000	), Boys Ranch,	FL 32064			
-	not been sel	f a director, president lected, by an incorpor appointed fiduciary, l	t prother officer - if durator - if in the hands of by that fiduciarly.)	ectors or officers	have tee, or	

Michael Cusick

(Typed or printed name of person signing)

Incorporator

(Title of person signing)