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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Mel. eel Derrectus

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Chronic Disease Interve	ention inc	
(Name of Corporation) DOCUMENT NUMBER: N07000005425		
The enclosed Articles of Correction and fee		
Please return all correspondence concerning	this matter to the following:	
Dion Lace		
(Name of Contact Person)	V 11 11 11 11 11 11 11 11 11 11 11 11 11	
(Firm/Company)		
2660 Regal Pine Trail		
Oviedo, Fl 32766		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Dion Lace (Name of Contact Person)	at (407) 617-2521 (Area Code & Daytime Telephone Number)	
(commercial contents)	(Lata ecco a espaino reapposito ramosi)	
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 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF CORRECTION

for

Chronic Disease Intervention inc

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

N07000005425

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 V
(Document Type Being Corrected)
filed with the Department of State on 6/1/2007 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: Incorrect:
Officer/Director Detail
Title P Shim, Dawn, 2660 Regal Pine Trail, Oviedo, Fl 32766
Title VP Shim, Lowell, 2660 Regal Pine Trail, Oviedo, fl 32766
Correct the inaccuracy, incorrect statement, or defect: Correct:
Officer/Director Detail
Title P Lace, Dion - 2660 Regal Pine Trail, Oviedo, Fl 32766
Title VP Guerrier, Lotricia -12617 Birchbark Ct., Orlando, FI 32828
Title T Krites, Cathy- 13528 Blue water Circle, Orlando, Fl 32828

(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.)

Oron Lace
(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00