## N09000005769

(Re	questor's Name)	
(Adı	dress)	
_		
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	Now I was
Certified Copies	_ Certificate:	s of Status′
Special Instructions to l	Filing Officer:	
·		

Office Use Only



100157863111

07/06/09--01023--003 \*\*43.75



Art. Art. Greeton 7/13/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: GOOD SHEPHERD HOSPITAL, INC.			
DOCUMENT NUMBER: N0900000	5769		
The enclosed Articles of Correction and i	fee are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
CERETTE DORCIUS			
Name of Contact Person			
GOOD SHEPHERD HOSPITAL, INC Firm/Company	•		
6521 GRANT STREET			
Address			
HOLLYWOOD, FLORIDA 33024 City/State and Zip Code			
CERETTE1@YAHOO.COM  E-mail address: (to be used for future annual  For further information concerning this m	机角体 化二氯化二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二		
CERETTE DORCIUS  Name of Contact Person	at ( 786 ) 333-9555		
Name of Confact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amo	ount:		
\$35.00 Fiting 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

## GOOD SHEPHERD HOSPITAL, INC. Name of Corporation as currently filed with the Florida Dept. of State

N0900005769 Document Number (if known)			
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the doc	Statutes, this corporation forment being corrected.	iles	
These articles of correction correct <u>ARTICLES OF INCORP</u>	ORATION ing Corrected)		
filed with the Department of State on 06/11/09  (File Date of Document)			
Specify the inaccuracy, incorrect statement, or defect:			
The corporation agency mistakenly did not put the title of the	e officers.		_
			-
	8-10		
		8	· -
	<b>36</b>	<u> </u>	T
	SS	တ်	
	±. €.	3	
Correct the inaccuracy, incorrect statement, or defect:			U
Cerette Dorcius is the president and the incorporator	<del>- 5</del>	<u> </u>	
Edna Edouard is the vice president	~ · · · · · · · · · · · · · · · · · · ·		•
Eliphene Lauranvil is the secretary of treasure	1		
			-
(Signature of a director, president or other officer - if directors or of not been selected, by an incorporator - if in the hands of the receive other court appointed fiduciary, by that fiduciary.)	ficers have er, trustee, or		
CERETTE DORCIUS	PRESIDENT&INCORF	POR	2

Filing Fee: \$35.00

(Title of person signing)

(Typed or printed name of person signing)