

U10000004327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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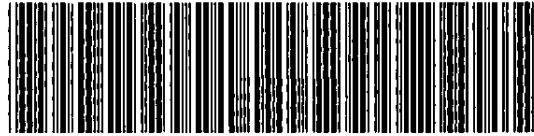
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE NATIONAL BREAST HEALTH INITIATIVE

Name of Corporation

DOCUMENT NUMBER: N10000004327

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

Please return all correspondence concerning this matter to the following:

ANDREA IVORY

Name of Contact Person

N10000004327

Firm/Company

7742 NW 193rd Terrace

Address

Miami, FL 33015

City/State and Zip Code

andreaivory@fibreasthealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA IVORY

Name of Contact Person

at (305) 8299999

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, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF CORRECTION

for

THE NATIONAL BREAST HEALTH INITIATIVE, INC.

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

N10000004327

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 N10000004327

(Document Type Being Corrected)

filed with the Department of State on MAY 3, 2010


(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The corporation's name was filed inaccurately, THE NATIONAL BREAST HEALTH
INITIATIVE should be corrected to read, THE WOMEN'S BREAST HEALTH INITIATIVE.

Correct the inaccuracy, incorrect statement, or defect:

THE WOMEN'S BREAST HEALTH INITIATIVE, INC.



(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.)

ANDREA IVORY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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FILED
10 MAY 12 PM 4:28
STATE
TREASURER
FLORIDA