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COVER LETTER

Amendment Section Division of Corporations **Affinity Medical Services Corporation** Name of Corporation DOCUMENT NUMBER: N13000008267 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karen Denise Stripling PhD Name of Contact Person Firm/Company 4659 The Oaks Drive Marianna, Florida, 32446 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount: ☐ \$43.75 Filing Fee & Certificate of Status ■ \$35.00 Filing Fee □ \$52.50 Filing Fee, Certificate of Status & □ \$43.75 Filing Fee & Certified Copy Certified Copy **Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

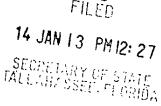
Tallahassee, FL 32301

Tallahassee, FL 32314

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ARTICLES OF CORRECTION

For



Affinity Medical Services Corporation

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

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	rovisions of Section 607.0124 or 617.0124 Correction within 30 days of the file date of		poration files rected.
These articles of	correction correct Amendment and I	Name Change	_
	(Docur	ment Type Being Corrected)	
filed with the De	partment of State on 12/09/2013		
	(File Date of D	ocument)	
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	not been selected, by an incorporator - if in the hand		
	(Signature of a director, president or other officer - if not been selected, by an incorporator - if in the hand other court appointed fiduciary, by that tiduciary.)	directors or officers have is of the receiver, trustee, or	

Karen Denise Stripling PhD

(Typed or printed name of person signing)

CEO and President

(Title of person signing)

Filing Fee: \$35.00