

P030000048670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

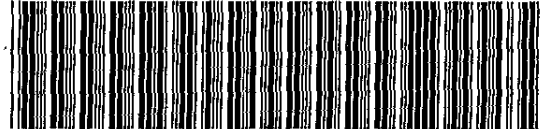
(Business Entity Name)

(Document Number)

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03 MAY - 8 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/15/03  
ART. OF CORR / N/C

30

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HEALTHCARE PLAN OF AMERICAN, INC.  
(Name of Corporation)

DOCUMENT NUMBER: PO3000048670

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

Please return all correspondence concerning this matter to the following:

SETH A. HYMAN  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

318 INDIAN TRACE #516  
(Address)

WESTON, FL 33326  
(City/State and Zip Code)

For further information concerning this matter, please call:

SETH A. HYMAN at ( 954 ) 349-9100 WH  
(Name of Person) (Area Code & Daytime Telephone Number)  
954-649-3274 CELL

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, Florida 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

See Attached  
Sheet (A)  
FOR changes

ARTICLES OF CORRECTION

FILED

03 MAY -8 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

for

HEALTHCARE PLAN OF AMERICAN, INC.

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

P03000048670

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction.

These articles of correction correct FOR PROFIT CORPORATION

(Document Type)

filed with the Department of State on MAY 1, 2003

(File Date of Document)

Specify the incorrect statement and reason it is incorrect or the manner in which the execution was defective:

IN OUR CORPORATE NAME, THE WORD AMERICAN  
SHOULD BE AMERICA. PLEASE CHANGE OUR  
NAME SO THAT IT IS FILED AND APPEARS AS FOLLOWS.  
HEALTHCARE PLAN OF AMERICA, INC.

PLEASE MAKE ADDRESS + NAME CHANGES AS  
NOTED ON PAGE

Correct the incorrect statement or defective execution:

(A)

\* PLEASE ALSO CHANGE THE NAME  
OF OUR OFFICER CHRISTOPHER HEINS  
TO NANCY. SAME ADDRESS. CHANGE  
~~ROBERTA LUIS C~~ TO EDINA WITH NEW ADDRESS

SETH A. HYMAN

Signature of the Chairman or Vice Chairman of the Board of Directors, any officer, or an incorporator, if applicable.

SETH A. HYMAN

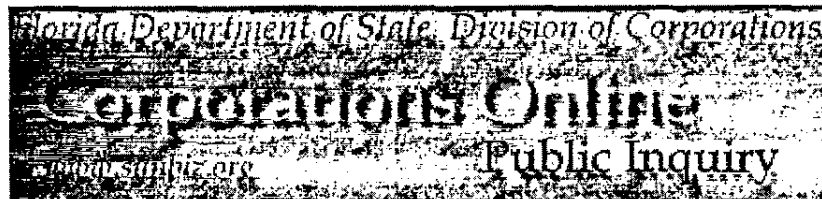
Typed or printed name of signee

PRESIDENT

Title

Filing Fee: \$35.00

(A)



## Florida Profit

## HEALTHCARE PLAN OF AMERICAN INC.

## PRINCIPAL ADDRESS

608 CASCADE FALLS DRIVE  
WESTON FL 33327

CHANGE TO:

318 Indian Trace  
#516  
Weston, FL 33326

## MAILING ADDRESS

608 CASCADE FALLS DRIVE  
WESTON FL 33327

CHANGE TO:

318 Indian Trace  
#516  
Weston, FL 33326

Document Number  
P03000048670

FBI Number  
NONE

Date Filed  
05/01/2003

State  
FL

Status  
ACTIVE

Effective Date  
05/01/2003

## Registered Agent

CHANGE TO:

## Name &amp; Address

SETH HYMAN  
608 CASCADE FALLS DRIVE  
WESTON FL 33327

318 Indian Trace  
#516  
Weston, FL 33326

## Officer/Director Detail

CHANGE TO:

| Name & Address                                                                      | Title |
|-------------------------------------------------------------------------------------|-------|
| HYMAN, SETH A<br>608 CASCADE FALLS DRIVE<br>WESTON FL 33327                         | P     |
| FAIR, KEITH I<br>2100 NOCEAN BLVD, SUITE 304<br>FT LAUDERDALE FL 33305              | VP    |
| FERREIRA, LUIS C<br>2202 BAY DRIVE<br>POMPANO BEACH FL 33062                        | TREA  |
| HEINS, CHRISTOPHER K<br>4613 N UNIVERSITY DRIVE, BOX 386<br>CORAL SPRINGS, FL 33067 | SEC   |

CHANGE ADDRESS  
ONLYCHANGE NAME &  
ADDRESS

318 Indian Trace  
#516  
Weston, FL 33326

318 Indian Trace  
#516  
Weston, FL 33326

Ferreira, EDINA  
4613 N. University Drive  
Box 386  
Coral Springs, FL 33067

HEINS, NANCY  
4613 N. University Drive  
Box 386  
Coral Springs, FL 33067