P03000048670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/15/03
Art. of Corr / NC

SB

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P03000048670

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 WK
(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 & Certified Copy

☐ $43.75 Filing Fee & Certificate of Status

☐ $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

FILED
03 MAY -8 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

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 (A)

Correct the incorrect statement or defective execution:

* PLEASE ALSO CHANGE THE NAME OF OUR OFFICER CHRISTOPHER HEINS TO NANCY. SAME ADDRESS. CHANGE DIRECTOR LUIS C TO EDNA 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 Department of State, Division of Corporations

Corporations Online

www.sunbiz.org Public Inquiry

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	FEI Number	Date Filed
P03000048670	NONE	05/01/2003
State	**Status**	**Effective Date**
FL	ACTIVE	05/01/2003

Registered Agent

CHANGE TO:

Name & Address	
SETH, HYMAN 608 CASCADE FALLS DRIVE WESTON FL 33327	318 Indian Trace #516 Weston, FL 33326

Officer/Director Detail

Name & Address	Title	
HYMAN, SETH A ~~608 CASCADE FALLS DRIVE~~ ~~WESTON FL 33327~~	P	CHANGE TO: 318 Indian Trace #516 Weston, FL 33326
TAUB, KEITH I ~~2100 N OCEAN BLVD, SUITE 804~~ ~~FT LAUDERDALE FL 33305~~	VP	318 Indian Trace #516 Weston, FL 33326
FERREIRA, ~~LUIS C~~ EDINA ~~2202 BAY DRIVE~~ ~~POMPANO BEACH FL 33062~~	TREA	Ferreira, EDI 4613 N. University Drive Box 386 Coral Springs, FL 33067
HEINS, ~~CHRISTOPHER K~~ NANCY 4613 N UNIVERSITY DRIVE, BOX 386 CORAL SPRINGS, FL 33067	SEC	HEINS, NANC 4613 N. University Drive Box 386 Coral Springs, FL 33067

CHANGE ADDRESS ONLY

CHANGE NAME & ADDRESS