

PO4000033294

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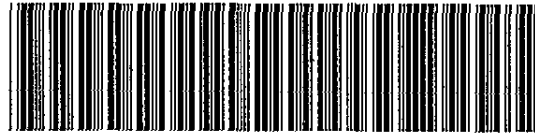
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

FILED  
04 MAR -5 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: SHALOM NURSING CARE CORP.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Alvaro H. Ayab  
(Name of Person)

Small Business Loan Investment Corp.  
(Name of Firm/Company)

1600 Robinson St. Suite 308  
(Address)

ORLANDO, FL, 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alvaro H. Ayab at ( 407 ) 898 8822  
(Name of Person) (Area Code & Daytime Telephone Number)

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

ARTICLES OF CORRECTION

for

SHALOM NURSING CARE CORP.

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

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04 MAR - 5 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_  
(Document Type)

filed with the Department of State on 02/19/2004  
(File Date of Document)

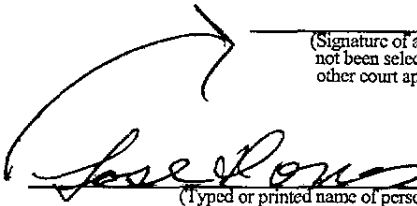
Specify the inaccuracy, incorrect statement, or defect:

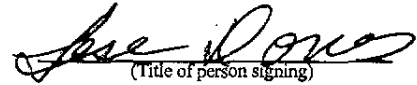
- 1<sup>o</sup> INCORPORATOR NAME AND ADDRESS: JOSE F. DOWNE
- 2<sup>o</sup> NAME AND E-MAIL ADDRESS: JOSE F. DOWNE
- 3<sup>o</sup> OFFICER/DIRECTOR NAME: DOWNE, JOSE F.

Correct the inaccuracy, incorrect statement, or defect:

- 1<sup>o</sup> JOSE F. DOWNE
- 2<sup>o</sup> JOSE F. DOWNE
- 3<sup>o</sup> DOWNE, JOSE F.

(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.)

  
(Typed or printed name of person signing)

  
(Title of person signing)  
PRESIDENT

Filing Fee: \$35.00