P05000086827

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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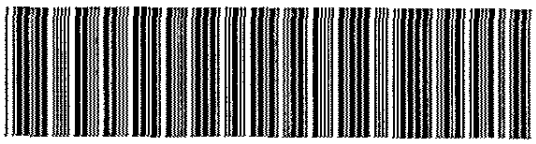

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NURSING PLUS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000086827

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

Please return all correspondence concerning this matter to the following:

SHERRIE QUITERIO
(Name of Person)

(Name of Firm/Company)

18350 NW 2ND AVENUE, #501
(Address)

MIAMI, FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

BIANCA MENDIOLA at (305) 270-2040
(Name of Person) (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, Florida 32314

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

ARTICLES OF CORRECTION

for

NURSING PLUS, INC.
Name of Corporation as currently filed with the Florida Dept. of State

P05000086827
Document Number (if known)

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TALLAHASSEE, FLORIDA

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 DOMESTIC PROFIT (Document Type),

filed with the Department of State on 06/16/2005 (File Date of Document).

Specify the inaccuracy, incorrect statement, or defect:

~~to~~ Address change:
Was 3305 E Island Rd
Cooper City FL 33026

Correct the inaccuracy, incorrect statement, or defect:

New address:
18350 NW 2ND Ave #501
Miami, FL 33169

X Sherrie Quiterio
(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.)

SHERRIE QUITERIO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: $35.00