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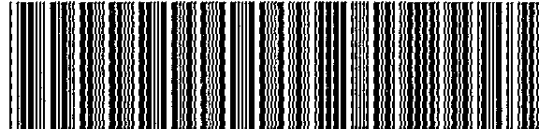
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*Art. of Care.*

G. Coultette FEB 20 2006

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Naltramed, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** H06000025818 3

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

Please return all correspondence concerning this matter to the following:

Martin D. Novar, Esq.

(Name of Contact Person)

Law Offices of Martin D. Novar

(Firm/Company)

350 Fifth Avenue, Suite 7720

(Address)

New York, New York 10118-7720

(City/State and Zip Code)

For further information concerning this matter, please call:

Martin Novar

(Name of Contact Person)

at ( 212 ) 213-9757

(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, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF CORRECTION**

for

Naltramed, Inc.

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

H06000025818 3

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 Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on January 30, 2006

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article VII Officers/Directors

Name and address of Officer/Director is:

Bernard Behari

Correct the inaccuracy, incorrect statement, or defect:

Bernard Bihari

Bernard Bihari

(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.)

Bernard Bihari

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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