P060000 80 90 1

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
. (Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
epesiar manacions to triming emissi.		

Office Use Only



700077319987

07/13/06--01009--002 **43.75

2006 JUL 13 AM 10: 36
SECRETARY OF STATE
TALLAHASSEE, FI CATE

Ant. of Con.

C. Coullette JUL 2 0 2006

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Perfect MEDICAL Solution S. INC. DOCUMENT NUMBER: PO60000 80901		
DOCUMENT NUMBER: P060000 8090 1		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Ailse en Valentin (Name of Contact Person)		
Perfect Modical Solutions, INC.		
306 Beverly Court		
Sanford, Fl 32773		
(City/State and Zip Code) For further information concerning this matter, please call:		
Aileen VALentin (Name of Contact Person)	-	
(Name of Contact 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, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	