

P06000/22036

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOTAL Health Care Consulting Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000122036

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

Please return all correspondence concerning this matter to the following:

Michele Cairns

(Name of Contact Person)

Total Health Care Consulting Corp.

(Firm/Company)

2301 Collins Ave. Suite 728

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Cairns

(Name of Contact Person)

at (786) 222-6357

(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

TOTAL Health Care Consulting Inc.

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

PO6000122036

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 Article 5 - Amendment Officers

(Document Type Being Corrected)

filed with the Department of State on 9/21/06

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

I would like to add BRIAN Contugno
as Vice President of TOTAL Health Care Consulting Inc
Corp, as well as Secretary & Treasurer MC

Correct the inaccuracy, incorrect statement, or defect:

Brian Contugno - Vice President
Brian Contugno - Secretary
Brian Co MC

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TALLAHASSEE, FLORIDA

(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.)

Michelle L. Cairns

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00