| (Re | questor's Name) | , |
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| (Ad | dress) | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| | | |
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Articles of Correction
78 515-08

COVER LETTER

TO: Amendment Section Division of Corporations

| | HEALTH CARE DESIGN, INC | |
|--|--|--|
| | ame of Corporation) | |
| DOCUMENT NUMBER: PU | 8000043482 | |
| The enclosed Articles of Correction and fee | e are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| PAUL H. BACH | | |
| (Name of Contact Person) | | |
| THE DARY ORGANIZATION | ON, INC | |
| (Firm/Company) | | |
| P. Q. BOX 934762 | | |
| (Address) | | |
| MARGATE, FL 33093 | 3 | |
| (City/State and Zip Code) | | |
| For further information concerning this ma | tter, please call: | |
| PAUL H. BACH | at (954) 652 - 9744 | |
| (Name of Contact Person) | (Area Code & Daytune Telephone Number) | |
| | | |
| Fundamental in a dead of Sanda Callesian and a | | |
| Enclosed is a check for the following amou | nı: | |
| ▼ \$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 | Street Address: Amendment Section | |
| Division of Corporations | Amendment Section Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |
| • | Tallahassee, FL 32301 | |

ARTICLES OF CORRECTION

AHCD - ADVANCED HEALTH CARE DESIGN, INC.

| | V. |
|---|---|
| ARTICLES OF CO | ORRECTION |
| for | Rep. 1/2 |
| AHCD - ADVANCED HEALT | H CARE DESIGN, INC. |
| Name of Corporation as currently filed | with the Florida Dept. of State |
| PO800004 Document Number | |
| Pursuant to the provisions of Section 607.0124 or 617 these Articles of Correction within 30 days of the file | 7.0124, Florida Statutes, this corporation files at date of the document being corrected. |
| These articles of correction correct FLORIDA Co | ORPORATION FOR PROFIT |
| filed with the Department of State on APR | (Document Type Being Corrected) RIL 30, 2008 Date of Document) |
| Specify the inaccuracy, incorrect statement, or defect. Officer / Director Name And Address # | |
| | (INACCURATE) |
| Correct the inaccuracy, incorrect statement, or defect: | |
| Officer / Director Name And Address # 1 | : Change Title to(PST / Director) |
| Officer / Director Name And Address # 2: | / PAUL H. BACH, VP / Director \ |
| | P. O. BOX 934762 |
| | MARGATE, FL |
| | \\\ 33093 USA \\\\\ |
| | (CORRECTION) |
| (Signature of a director, president or other or not been selected, by an incorporator - if in other court appointed fiduciary, by that fick | the hands of the receiver, trustee, or |
| PAUL H. BACH | ۷.۶ / Director |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00