## P0800049867

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Breakthrough Therapy Services, Inc. (Name of Corporation) P08000049867 **DOCUMENT NUMBER:** The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KIMBERLY BLOOM, PRESIDENT (Name of Contact Person) **BREAKTHROUGH THERAPY SERVICES** (Firm/Company) 12545 Orange Drive, Suite 502 (Address) Davie, Florida USA 33330 (City/State and Zip Code) For further information concerning this matter, please call: Kimberly Bloom (Name of Contact Person) 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: **Street Address:** Amendment Section **Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF CORRECTION

for

ZOOB JUN-9 PM 1:59

TALLAHASSEE, FLORIDA

Breakthrough Therapy Services, Inc.

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

P08000049867	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the doc	Statutes, this corporation files cument being corrected.
These articles of correction correct Articles of Incorporation	<b>5</b>
(Exemicia Type Se	ing Corrected)
filed with the Department of State on 5/19/08 (5:02PM)  (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
Please correct Article V, Initial Officers and/or Direct	ctors to read as follows:
	, , , , , , , , , , , , , , , , , , ,
Kimberly Bloom, President; Kimberly Bloom, Director; Ki	imberly Bloom, Treasurer;
Brandi Smithson, Vice President, Brandi Smithson, Director,	Brandi Smithson, Secretary
Correct the inaccuracy, incorrect statement, or defect:	
Please correct Article V as detailed above.	
(Signature of a director president or other officer - if directors or o not been selected, by an incorporator - if in the hands of the receiv	fficers have er, trustee, or
other court appointed fiduciary, by that fiduciary.)	
Kimberly Bloom	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00