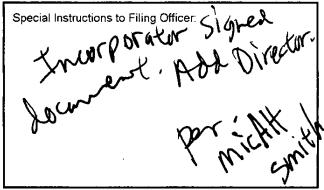
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Art. of Correction
08/19/08

COVER LETTER

TO:	Amendment Section Division of Corporations	•
SUBJ	ECT: Independent	Health CARE Services In C
DOC	ument number: <u>WO 80</u>	00033111
The er	nclosed Articles of Correction and f	ee are submitted for filing.
Please	e return all correspondence concerni	ng this matter to the following:
M	t CAH E Smith (Name of Contact Person)	
<u> 1 r</u>	dependent Healt (Firm/Company)	L CARE SERVICES INC.
_2	663 OAK PARK	WAY
OR	CLHNOU FL 32 (City/State and Zip Code)	7827
For fu	rther information concerning this m	natter, please call:
MI	(Name of Contact Person)	at (407) 574-887 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amo	ount:
\$35	5.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
□ \$43	3.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy
	ng Address:	Street Address:
	dment Section	Amendment Section
	on of Corporations	Division of Corporations
	30x 6327	Clifton Building
Tallah	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Independent Health CARE SERVICES Name of Corporation as currently filed with the Florida Dept. of State	INC.
P0800066613 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation these Articles of Correction within 30 days of the file date of the document being corrected.	n files
These articles of correction correct Articles of Incurporation (Document Type Being Corrected)	•
filed with the Department of State on (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
NO officers have been named in the	
Corporation	2
	ਨ ਹ
	3 m
	<u>ප</u>
Correct the inaccuracy, incorrect statement, or defect:	N
Appointing MIGAIT E SMITH as	· · · · · · · · · · · · · · · · · · ·
the President Officer of the	
company. Also, micah E. Smith as Die	rector
	····
(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.)	
M 1 c A H E S T T I } (Typed or printed name of person signing) The Core Por Title of person signing)	ator

Filing Fee: \$35.00