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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Olympian Medical Cont	ants Inc
DOCUMENT NUMBER: P09000057	300
The enclosed Articles of Correction and fee	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Yvette Pestano	
Name of Contact Person	
Firm/Company	
rim/Company	
7758 NW 44 ST	<u> </u>
Sunrise, Florida 33351	
City/State and Zip Code	
yvette.pestano@bssnusa.com E-mail address: (to be used for future annual rep	port notification)
For further information concerning this ma	tter, please call:
Yvette Pestano Name of Contact Person	at (954) 578-0016 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
	\$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

Olympian Medical Contants Inc	产的	ر ديسا
Name of Corporation as currently filed with the Florida Dept. of State	- 是是	4
	P(P)	H
P09000057300	15.4 15.4	, 12
Document Number (if known)	47	ή 2 5
	6	÷ .
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document be	this corporation teing corrected.	100
These articles of correction correct Articles of Incorporation		
(Document Type Being Corrected)	
filed with the Department of State on July 6, 2009		
(File Date of Document)	•	
Specify the inaccuracy, incorrect statement, or defect:		
The name is misspelled as: Olympian Medical Contants Inc		
•		
·		
•		
Correct the inaccuracy, incorrect statement, or defect:		
The correct name spelling is: Olympian Medical Consultants Inc		
•		

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Il the Contains		
(Signature of a director, president or other officer - if directors or officers have	- All All All All All All All All All Al	
not been splected, by an incorporator - if in the hands of the receiver, trustee, or other object appointed fiduciary, by that fiduciary.)		
outer source inductary, by that inductary,		
Yvette Pestano		
(Typed or printed name of person signing)	(Title of person signing)	

Filing Fee: \$35.00