P09000100073

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(Address)

(City/State/Zip/Phone #)

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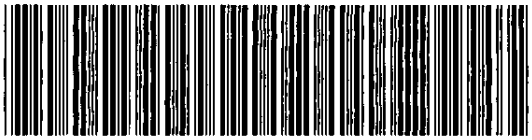

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art. of Correction
12/30

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL CLAIMS SPECIALIST, INC
Name of Corporation

DOCUMENT NUMBER: P09000100073

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

Please return all correspondence concerning this matter to the following:

DOUG POWELL
Name of Contact Person

MEDICAL CLAIMS SPECIALIST, INC.
Firm/Company

1200 N.E. 30th AVE. APT. 602
Address

OCALA, FLORIDA 34470
City/State and Zip Code

EAGLES_48120@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUG POWELL at (352) 286-9331
Name of Contact Person 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

MEDICAL CLAIMS SPECIALIST, INC.
Name of Corporation as currently filed with the Florida Dept. of State

P09000100073
Document Number (if known)

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TALLAHASSEE, FLORIDA

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 ARTICLES OF INCORP. ARTICLE #4
(Document Type Being Corrected)

filed with the Department of State on 12-11-2009.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE EFFECTIVE DATE FOR THIS CORPORATION SHALL BE 12-11-2009

Correct the inaccuracy, incorrect statement, or defect:

THE EFFECTIVE START DATE FOR THIS CORPORATION SHALL BE JANUARY 2ND 2010

Douglas M. Powell
(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.)

DOUGLAS M. POWELL
(Typed or printed name of person signing)

PRESIDENT / OWNER
(Title of person signing)

Filing Fee: $35.00