

Florida Department of State  
Division of Corporations  
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To:

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Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SEASONS HOSPICE AND PALLIATIVE CARE OF SOUTHERN FLOR**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Att of Com/nc*

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10 APR 21 PM 2:54

## ARTICLES OF CORRECTION

for

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASeasons Hospice and Palliative Care of Southern Florida, Inc.

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

P10000032172

Document Number (if known)

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 Incorporation

(Document Type Being Corrected)

filed with the Department of State on April 13, 2010

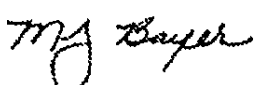
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of the corporation included the word "and" spelled out; it should have been an ampersand (&).

Correct the inaccuracy, incorrect statement, or defect:

Instead of "Seasons Hospice and Palliative Care of Southern Florida, Inc." the name should be written as "Seasons Hospice & Palliative Care of Southern Florida, Inc.".

  
(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.)

Michelle J. Bayer

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

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