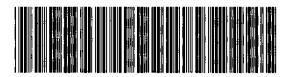
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Correction

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JUN - 7 2010

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: IHEALTH PHLEBOTOM	IY INC	
DOCUMENT NUMBER: P 1 0000044	me of Corporation 4567	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
RICHARD BAROUH Name of Contact Person		
RICHARD BAROUH PA Firm/Company		
10800 NW 5T ST Address		
PLANTATION, FL 33324 City/State and Zip Code		
RB597@AOL.COM E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this mat	ter, please call:	
RICHARD BAROUH Name of Contact Person	_ at (954) 424-2154 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	nt:	
☑ \$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

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



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 These articles of correction correct Atticles of Corrected (Document Type Being Corrected)	this corporation files ing corrected.
filed with the Department of State on MAY 24TH 2010 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
OFFICERS NAME PRESIDENT SHOULD BE PUJAN PATEL, NOT	VIJAY PATEL
Correct the inaccuracy, incorrect statement, or defect: CHANGE PRESIDENTS NAME TO PUJAN PATEL	
	
(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)	
(Typed or printed name of person signing)	Pres (Title of person signing)

Filing Fee: \$35.00