

P10000050877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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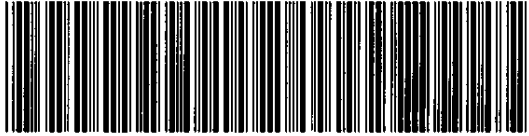
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

correction

TB JUL - 6 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNSET MEDICAL NETWORK INC  
Name of Corporation

**DOCUMENT NUMBER:** P10000050877

The enclosed Articles of Correction and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MARIA BORRAJO  
Name of Contact Person

SUNSET MEDICAL NETWORK INC  
Firm/Company

9370 SW 72 ST SUITE A 202  
Address

MIAMI, FL 33173  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA BORRAJO at ( 786 ) 715-5810  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

**SUNSET MEDICAL NETWORK INC**

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

**P10000050877**

Document Number (if known)

**FILED**  
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SECRETARY OF STATE  
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 INCORPORATION,  
(Document Type Being Corrected)

filed with the Department of State on 06/16/2010  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE II - ADDRESS

ARTICLE V - ADDRESS

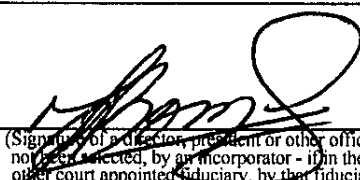
ARTICLE VI - ADDRESS

ARTICLE VII - ADDRESS

Correct the inaccuracy, incorrect statement, or defect:

8900 CORAL WAY SUITE 102

MIAMI, FL 33165



(Signature of a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MARIA BORRAJO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35.00**