

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
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RESUBMIT

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EQUIS PSYCHOTHERAPY INTEGRATED CARE, INC.**

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RESUBMIT
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August 11, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations
EQUIS PSYCHOTHERAPY INTEGRATED CARE, INC.
329 BAHAI BLANCA DR
PUNTA GORDA, FL 33983

SUBJECT: EQUIS PSYCHOTHERAPY INTEGRATED CARE, INC.
REF: P10000062456

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please put the inaccuracy in the space provided for the inaccuracy and the correction in the space provided for the correction. We do not need a copy of the Articles of Incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H10000179405
Letter Number: 810A00019260

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0007/002

ARTICLES OF CORRECTION

for

EQUIS PSYCHOTHERAPY INTEGRATED CARE, INC.

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

P10000062456

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 7-29-10

(File Date of Document)

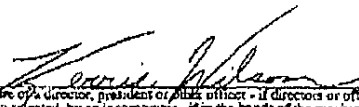
Specify the inaccuracy, incorrect statement, or defect:

The entity name was stated incorrectly on the Articles of Incorporation.

EQUIS PSYCHOTHERAPY INTEGRATED CARE, INC.

Correct the inaccuracy, incorrect statement, or defect:

The correct name should be: EQUINE PSYCHOTHERAPY INTEGRATED CARE, 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)

KERRIE WILSON

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00

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