P10000069918

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phon | e #) |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Ru | siness Entity Nar | me) |
| | onicoo Entity Hai | no, |
| (5)- | | |
| (DC | cument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



09/22/10--01024--009 **35.00

SECRETARY OF STATE

Correction

TB SEP 23 2010

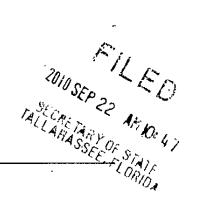
COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: FIX THE PRESIDENT'S NAME Name of Corporation | | | |
|--|--|--|--|
| DOCUMENT NUMBER: P0 | • | | |
| The enclosed Articles of Correction and | | | |
| Please return all correspondence concern | | | |
| · | | | |
| DAIRON A. ROQUE RE | YES | | |
| | | | |
| CYRUS MEDICAL CENTI | ER INC | | |
| , , | | | |
| 3971 SW 8 ST., SUITE 203 | | | |
| | | | |
| CORAL GABLES, FL 3 | 3134 | | |
| , | | | |
| JCSANCHEZ33014@MS | N.COM It report notification) | | |
| | | | |
| For further information concerning this | matter, please call: | | |
| JUAN C SANCHEZ | at (305) 812-1816 Area Code & Daytime Telephone Number | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | |
| | | | |
| Enclosed is a check for the following an | iount: | | |
| ✓ \$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 | | |
| M-Street Addresses | Stuart Addings | | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | |
| Tallahassee, FL 32301 | | | |

ARTICLES OF CORRECTION

for



CYRUS MEDICAL CENTER INC Name of Corporation as currently filed with the Florida Dept. of State

P 10000069918 Document Number (if known)

| 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 Articles of Tracorpora | tion |
|--|--|
| filed with the Department of State on 08/2-5/2010 (File Date of Document) | |
| Specify the inaccuracy, incorrect statement, or defect: | |
| ON THE PETITION OF CORPORATION THE PRESIDENT'S NAME | E APPEAR AS: |
| DIRON ROQUE REYES. | <u>'</u> |
| | |
| DAMES SECURE CLASS | the second secon |
| TO THE SECOND SE | |
| Correct the inaccuracy, incorrect statement, or defect: THE CORRECT NAME IS: DAIRON A. ROQUE REYES | |
| | |
| | |
| (Signature of a director, provident or other officer - if directors or officers have | <u>.</u> |
| (Signature of a director, provident or other officer - if directors or officers have not been selected, by an incorporated - if in the hands of the receiver, trustee, or other court appointed fiduciary by that fiduciary.) | |
| DAIRON A. ROQUE REYES | PRESIDENT |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00