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SLUBETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Free Health Ir	MONDOVATED me of Corporation
DOCUMENT NUMBER: PLOO	00042812
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jonathan Edelheit Name of Contact Person	
Free Health Inc.	
1128 Royal Palm Brad	1 Blvd., Suite 138
Royal Palm Bloch FI	33411
Jon Freehealth. On E-mail address: (to be used for future annual repo	Ort notification)
For further information concerning this mat	ter, please call:
Jonathan Edelheit Name of Contact Person	at (SU) 792.4418 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	
\$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	10 DEC	OISTA VOTE
Name of Corporation as currently fried with the Florida Dept. of State	20	H of cost
P10000095815  Document Number (if known)	PH 3: 51	PORATIONS
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation these Articles of Correction within 30 days of the file date of the document being corrected.  These articles of correction correct  (Document Type Being Corrected)  filed with the Department of State on	n files	īñ.
Specify the inaccuracy, incorrect statement, or defect:  The effective date was not yearded and the made effective hovember 230, 2010. It was not mant to be november 2319, 2010.  The effective date filling date was not arre	refi XOL	- - ~ ¾
Correct the inaccuracy, incorrect statement, or defect:  The effective date of filling needs to be December 31st, 2010.		_ _ _ _
(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		<del>-</del>
other court appointed fiduciary, by that fiduciary.)  Droughout Ede Me H  (Typed or printed name of person signing)  President  (Title of person signing)	)	_

Filing Fee: \$35.00