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| | (Requestor's Name) |
|---|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
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correction w/NC

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COVER LETTER

| Division of Corporations | |
|---|---|
| SUBJECT: HEALT | TH SETTERS, INC Name of Corporation 00189215360 |
| DOCUMENT NUMBER: | 00189215360 |
| The enclosed Articles of Correction and | fee are submitted for filing. |
| Please return all correspondence concern | ing this matter to the following: |
| Lee Sander Name of Contact Person | - <u>C</u> |
| Health SETTE | res, Inc |
| 1901 East C | Bountry Club Drive. SLITE 100 |
| Aventura City/State and Zip Code | FL 33180 |
| lee a tris tar E-mail address: (to be used for future annual | report notification) |
| For further information concerning this m | |
| - | at (214) 914 - 7771 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amo | ount: |
| \$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 | Street Address: Amendment Section Division of Corporations Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

| ARTICLES OF CORRECTION |
|--|
| for 30/1 / 1 |
| HEALTH SETTERS, INC. ASCONDANCES Name of Corporation as currently filed with the Florida Dept. of State AND |
| ARTICLES OF CORRECTION for HEALTH SETTERS, INC. MISCORD AND AND AND AND AND AND AND AND AND AN |
| 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 NAME ON All records including articles of (Document Type Being Corrected) incorporate |
| filed with the Department of State on 1 - JAN - 2011 (File Date of Document) |
| Specify the inaccuracy, incorrect statement, or defect: |
| Change NAME: |
| Change NAME: (REMOVE) "HEALTH SETTERS, INC." |
| <u>and the second of the second </u> |
| |
| The second secon |
| Correct the inaccuracy, incorrect statement, or defect: Chunge NAME TO: |
| MEDTEL 24, INC. |
| · · · · · · · · · · · · · · · · · · · |
| (Signature of a difector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or |
| Court appointed fiduciary, by that fiduciary.) Lee Sanders (Typed or printed name of person signing) (Title of person signing) |

Filing Fee: \$35.00