P11000030749

| (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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Correction W/AC

Brown 4-8-11

COVER LETTER

Amendment Section

TO:

| Division of Corporations | ¥. | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: HOSPITAL FOR PC | S.INC. | | | | | |
| DOCUMENT NUMBER: P11000 | | | | | | |
| The enclosed Articles of Correction and fee | e are submitted for filing. | | | | | |
| Please return all correspondence concerning | g this matter to the following: | | | | | |
| Dwayne S. Adams Name of Contact Person | | | | | | |
| HOSPITAL FOR PCs, INC. | | | | | | |
| 6703 NW DOROTHY ST | | | | | | |
| PORT ST LUCIE, FL. 34983 City/State and Zip Code | | | | | | |
| dwayne s. adams @ gmail. (Demail address: (to be used for future annual rep | Sort notification) | | | | | |
| For further information concerning this ma | tter, please call: | | | | | |
| Dwayne S. Adams Name of Contact Person | at (772) 708-2893 Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amou \$\Boxed{15}\$ \$35.00 Filing Fee | nt: ☐ \$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 | | | | | |

| ARTICI | ES (| OF | COR | RE | CTI | ON |
|--------------------------|---------|-----|----------------|----|--------------|--------------|
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| ARTICLES OF CORRECTION for HOSPITAL FOR PC'S INC. Name of Corporation as currently filea with the Florida Dept. of State P11000030749 Document Number (if known) |
|---|
| for APR > |
| HOSPITAL FOR PC'S INC. Name of Corporation as currently files with the Florida Dept. of State |
| Name of Corporation as currently files with the Florida Dept. of State |
| P11000030749 |
| Document Number (if known) |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files hese Articles of Correction within 30 days of the file date of the document being corrected. |
| These articles of correction correct PROFIT ARTICLES OF INCORPORATION, (Document Type Being Corrected) |
| iled with the Department of State on $\frac{3/25/2011}{(\text{File Date of Document})}$. |
| Specify the inaccuracy, incorrect statement, or defect: |
| When I originally completed the forms to file for a FLORIDA STATE |
| PROFIT CORPORATION. I misspelled the name of my new corporation |
| When I originally completed the forms to file for a FLORIDA STATE PROFIT CORPORATION, I misspelled the name of my new corporation as HOSPITAL FOR PC'S INC. |
| |
| |
| |
| Correct the inaccuracy, incorrect statement, or defect: |
| I would like to correct the spelling by simply deleting the |
| a postranha The correct expline should be as fallows. |
| apostrophe. The correct spelling should be as follows: HOSPITAL FOR PCs, INC. |
| HOSHIAL TOR I CS, INC. |
| |
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| |
| (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 |
| not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |
| Day SAJ |
| (Typed or printed name of person signing) (Typed or printed name of person signing) (Title of person signing) |

Filing Fee: \$35.00