

P11000058962

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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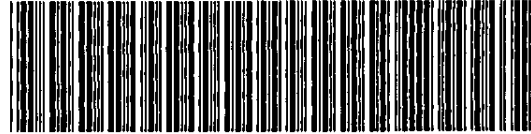
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOPE HOME HEALTHCARE, INC.

Name of Corporation

**DOCUMENT NUMBER:** P11000058962

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONY L. CONARD

Name of Contact Person

HOPE HOME HEALTHCARE

Firm/Company

P.O. BOX 7752

Address

JACKSONVILLE, FL 32238

City/State and Zip Code

tempbills11@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony L. Conard

Name of Contact Person

at ( 904 ) 553-3374

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2011

TONY CONARD  
P.O. BOX 7752  
JACKSONVILLE, FL 32238

SUBJECT: HOPE HOME HEATHCARE, INC.  
Ref. Number: P11000058962

We have received your document for HOPE HOME HEATHCARE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 711A00015953

# ARTICLES OF CORRECTION

for

**HOPE HOME HEATHCARE, INC.**

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

**P11000058962**

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 typo in name of corporation

(Document Type Being Corrected)

filed with the Department of State on June 27, 2011

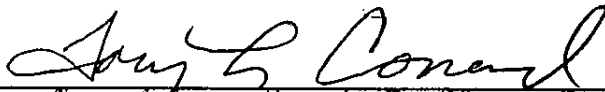
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

misspelled word: HEATHCARE

Correct the inaccuracy, incorrect statement, or defect:

change to correct spelling: HEALTHCARE



(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.)

**Tony L. Conard**

(Typed or printed name of person signing)

**Treasure**  
**registered agent**

(Title of person signing)

**Filing Fee: \$35.00**

FILED  
11 JUL 12 AM 11:55  
STATE OF FLORIDA  
TALLAHASSEE