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TO: Amendment Section **Division of Corporations** SUBJECT: WMC. WORLD MEDICAL CORP DOCUMENT NUMBER: P11000073550 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **MILAGROS MUNOZ** Name of Contact Person WMC. WORLD MEDICAL CORP Firm/Company 10805 NW 89 TER UNIT 213 MIAMI, FL 33178 City/State and Zip Code MILAGROS2401@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JEREMIAS MARTORELL Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: \$35.00 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status \$52.50 Filing Fee, Certificate of Status & Certified Copy ✓ \$43.75 Filing Fee & Certified Copy Mailing Address: **Street Address:** Amendment Section **Amendment Section Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF CORRECTION

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for

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WMC. WORLD MEDICAL CORP Name of Corporation as currently filed with the Florida Dept. of State P11000073550 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 09/07/2011 (Document Type Being Corrected) filed with the Department of State on 09/06/2011 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: WE REMOVE IDANIA VARGAS AND ADD MILAGROS MENDOZA AS (VP) AND WE DID NOT REMOVE WILLIAN MUNOZ. Correct the inaccuracy, incorrect statement, or defect: WE NEED TO REMOVE WILLIAM MUNOZ AND LEAVE MILAGROS MENDOZA AS ONE AND ONLY MEMBER OF THIS CORPORATION WITH THE TITTLE OF PRESIDENT. (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.)

Filing Fee: \$35.00

William Munoz
(Typed or printed name of person signing)

(Title of person signing)