## P110000886012

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Mainle Chs
10/20/11

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: <u>NATIONAL NURSINO</u>	S AIDE CREDENTIALING CENTER IN Name of Corporation	
DOCUMENT NUMBER: P1100008	·	
The enclosed Articles of Correction and	fee are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Peter Marley		
Name of Contact Person		
Florida Incorporator		
Firm/Company		
619 Cattlemen Rd - Suite O11		
Address		
Sarasota FL 34232		
City/State and Zip Code		
state@floridaincorporator.com  E-mail address: (to be used for future annua	al report notification)	
For further information concerning this	matter, please call:	
Peter Marley Name of Contact Person	at ( 888 ) 800-9573  Area Code & Daytime Telephone Number	
Enclosed is a check for the following an	nount:	
	\$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
Tantanassoo, FL 52514	Tallahassee, FL 32301	



October 19, 2011

PETER MARLEY FLORIDA INCORPORATOR 619 CATTLEMEN RD - STE. 011 SARASOTA, FL 34232

SUBJECT: NATIONAL NURSING AIDE CREDENTIALING CENTER INC.

Ref. Number: P11000088662

We have received your document for NATIONAL NURSING AIDE CREDENTIALING CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 411A00023975

## **ARTICLES OF CORRECTION**

for

## NATIONAL NURSING AIDE CREDENTIALING CENTER INC. Name of Corporation as currently filed with the Florida Dept. of State

P1100088662  Document Number (if known)		
Document Number (II Known)		
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.	ı files	
These articles of correction correct Articles of Incorporation  (Document Type Being Corrected)	,	
filed with the Department of State on 10/10/2011 (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect:		
The name of one of the Presidents of the Corporation was entered incorrectly.		_
The title abbreviation P was entered instead of the officer's first name Glenn.		<del>-</del>
The name of the corporation was incorrectly entered as:		_
NATIONAL NURSING AIDE CREDENTIALING CENTER INC.		_
The name of the corporation is:		<b>-</b>
NATIONAL NURSING ASSISTANT CREDENTIALING CENTER INC.		_
Correct the inaccuracy, incorrect statement, or defect:  Title: P	11 OCT	SECRETA
Name: GLENN FECHTENBURG		200 L
Address: 3898 OLD DUNN RD APOPKA FL 32712 US	R.	PDR SI
The correct corporate name is:	:5	ATION TION
NATIONAL NURSING ASSISTANT CREDENTIALING CENTER INC.		Tr
		•
(Signature of a director, president or other officer - if directors or officers have not been selected, by an inconforator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary	PP	-
Glenn Fechtenburg President		

Filing Fee: \$35.00

(Title of person signing)

(Typed or printed name of person signing)