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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Maricles Consideration

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Naples Professional C	are Corp. Name of Corporation	
DOCUMENT NUMBER: P1200000	- · · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Correction and f	ee are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Mayra Hernandez		
Name of Contact Person	**************************************	
Naples Professional Care Corp		
215 Airport Pulling Road S		
Address		
Naples, FL 34104		
City/State and Zip Code		
her2ma@yahoo.com E-mail address: (to be used for future annual	report notification)	
For further information concerning this m	natter, please call:	
Mayra Hernandez Name of Contact Person	at ( 239 ) 634 0226  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 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

## ARTICLES OF CORRECTION

## for Naples Professional Care Corp Name of Corporation as currently filed with the Florida Dept. of State P12000002247 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 Article 5 (Document Type Being Corrected) filed with the Department of State on 1/6/12 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: When i was filling out the new corporation form i forgot to list Mayra Hernandez under Officer/Director Detail section. Correct the inaccuracy, incorrect statement, or defect: I want my name Mayra Hernandez to be listed as president of naples professional care care at 215 airport pulling road s, Naples, FL 34104 (Signature of a director, president or other difficer - 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

(Title of person signing)