

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
FLORIDA HELP MANAGEMENT SERVICES, INC.

| | |
|-----------------------|---------|
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ARTICLES OF CORRECTION

for

FLORIDA HELP MANAGEMENT SERVICES, INC.

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

P12000034713

Document Number (if known)

2012 APR 20 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 Articles Of Incorporation
(Document Type Being Corrected)

filed with the Department of State on _____
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article 1: The for profit corporation name:

FLORIDA HELP MANAGEMENT SERVICES, INC.

Correct the inaccuracy, incorrect statement, or defect:

Article 1: the for profit corporation name is hereby corrected to read as follows:

FLORIDA HEALTH MANAGEMENT SERVICES, INC.

(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.)

CARL T. NICKS

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00