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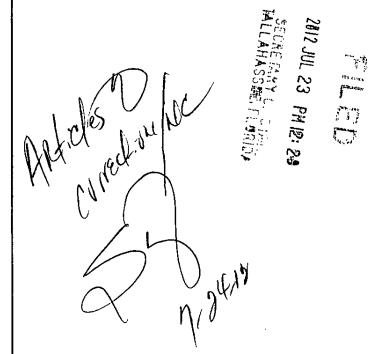
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: NEIGHBOR MEDICAL GROUP, INC. Name of Corporation P12000060303 DOCUMENT NUMBER: The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAGDA MARCELO-ROBAINA, Esq. Name of Contact Person MARQUEZ & MARCELO-ROBAINA, P.A. Firm/Company 6505 BLUE LAGOON DRIVE - SUITE 130 MIAMI, FLORIDA 33126 City/State and Zip Code magda@mmrlaw.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Magda Marcelo-Robaina, Esq. Name of Contact Person 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: **Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF CORRECTION

for

2012 JUL 23 PM 12: 24

NEIGHBOR MEDICAL GROUP, INC. SECRETARY OF THE SERVE OF TH
Name of Corporation as currently filed with the Florida Dept. of State
P12000060303
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 ARTICLES OF INCORPORATION  (Document Type Being Corrected)
filed with the Department of State on JULY 9, 2012  (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
1- ENTITY NAME INCORRECT: NEIGHBOR MEDICAL GROUP, INC.
2- OFFICER/DIRECTOR TO BE REMOVED: LEYDIS MASVIDAL
Correct the inaccuracy, incorrect statement, or defect:
1- ENTITY NAME CORRECT: NEIGHBORS MEDICAL GROUP, INC.
2- OFFICER/DIRECTOR CORRECT: VPD - ALICIA CECILIA GONZALEZ
7100 SW 99 AVENUE - SUITE #204, MIAMI, FLORIDA 33173
The rest of the information is OK.
The rest of the information is Ort.
N/A
(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,)
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Filing Fee: \$35.00

(Typed or printed name of person signing)

(Title of person signing)