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Attacorrection
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Medicare W	Vellness Providers Corp.			
DOCUMENT NUMBER: P12000082809				
The enclosed Articles of Correction and fee	e are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
Angelo Correa	<u>L</u>			
Med Care Wellness	Providers Corp			
10604 NW 6th C	ourt			
Plantation Fl. ?	33324			
Correange lo @ amo E-mail address: (to be used for future annual rep	port notification)			
For further information concerning this matter, please call:				
Angelo Correa Name of Contact Person	_ at (<u>Lo78</u>) <u>Lo83</u> - <u>2223</u> Area Code & Daytime Telephone Number			
Enclosed is a check for the following amou	ant:			
☑\$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	ent Section Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314	Tallahassee, FL 32301			

ARTICLES OF CORRECTION

for

Medicare Wellness Providers Name of Corporation as currently filed with the Florida Dept. of State	Corp.
P 1 20000 82809 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document bei	his corporation files ng corrected.
These articles of correction correct(Document Type Being Corrected)	
filed with the Department of State on 9 28 20 2 . (File Date of Bocument)	
Specify the inaccuracy, incorrect statement, or defect: We need to have Andre Garr From the Cornaration as Secon	
From the Corporation as Secretary a director. He is not associate	red with
our company in any way.	
Correct the inaccuracy, incorrect statement, or defect:	12
	TO A
	2 CO
	Time:
,	3, 3
(Signature of a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	· · · · · · · · · · · · · · · · · · ·
Gryped or printed name of person signing)	25ident Title of person signing)
Higelo Correa Filing Fee: \$35.00	