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SECRETARY OF STATEMS
SECRETARY OF CORPORATIONS
12 OCT 26 AM 8: 45

OCT 2 9 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Greene Anosthesi	a Services Inc
DOCUMENT NUMBER: P12.00	
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Mitsa Vovanofski Name of Contact Person	
Greene Anesthesia Service	es Inc
12925 Littleton Bend Address	Rd
Jacksonville, FL 322 City/State and Zip Code	
mitsarn eyahoo. com E-mail address: (to boused for future annual repo	ort notification)
For further information concerning this mat	
Mitsa Yovan ofski Name of Contact Person	at (904) 613-1959 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$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 Tallahassee, FL 32301

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ARTICLES OF CORRECTION

For

DIVISION OF CORPORATIONS

12 OCT 26 AM 8: LE

Greene	Anesthesia	Services	Inc	12 OCT 26 AM 8: 45	N
Name	of Corporation as currently filed	with the Florida Dept. o	f State		

0 | 20000 86775 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. Articles These articles of correction correct filed with the Department of State on October 15, 24
(File Date of Document) Specify the inaccuracy, incorrect statement, or defect: Under " Detail by Entity Name" labeled "Officer / Director Detail blank. Correct the inaccuracy, incorrect statement, or defect: director of this corporation is. Younofski, President

(Signature of a director, president on 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.)

MITSA YOVANOFSKI

(Typed or printed name of person signing)

President

(Title of person signing)