

P12000090912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900241784949

11/19/12--01016--003 \*\*35.00

*De la Port*

NOV 20 2012

C. MUSTAIN

FILED  
12 NOV 19 PM 12:32  
SECURITY STATE  
TALLAHASSEE FL 32301

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRO HEALTHCARE SOLUTION INC.

Name of Corporation

**DOCUMENT NUMBER:** P12000090912

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**AMY BERGEY**

Name of Contact Person

**AMY BERGEY LLC**

Firm/Company

**11026 N HARMONY LAKE CIR**

Address

**DAVIE, FL 33324**

City/State and Zip Code

**QBGURU@COMCAST.NET**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**AMY BERGEY**

Name of Contact Person

at ( **754** ) **235-7544**

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:**

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

## ARTICLES OF CORRECTION

For

**PRO HEALTHCARE SOLUTION INC.**

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

**P12000090912**

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 **PRO HEALTHCARE SOLUTION INC.**

(Document Type Being Corrected)

filed with the Department of State on **FLORIDA**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**THE PRINCIPLE PLACE OF BUSINESS AND THE INITIAL OFFICER ADDRESSES  
SUBMITTED FOR FORMATION OF THE CORPORATION WERE INCORRECT.**

Correct the inaccuracy, incorrect statement, or defect:

**NEW PRINCIPLE PLACE OF BUSINESS AND THE INITIAL OFFICER ADDRESSES ARE:**

**27 COLLINS ROAD**

**GLEN COVE, NY 11542 (US)**

*David Weinreb*

(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.)

**DAVID WEINREB**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**