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OCT 15 2013

R. WHITE

## **COVER LETTER**

Division of Corporations	
SUBJECT: Prime Care Nursing Services Inc.  Name of Corporation  DOCUMENT NUMBER: P13000074013	
Please return all correspondence concerning this matter to the following:	
Allan J Cruz	
Name of Contact Person	
Prime Care Nursing Services Inc.	
11997 SW 91 Terrace  Address	
Miami FL 33186 City/State and Zip Code	
volvo0791@aol.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Allan J Cruz	at (954 )592-5156
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
□ \$43.75 Filing Fee & Certified Copy	☐ S52.50 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

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19 OCT -7 AH 7: 48

SECRETARY OF STATE. FALLAHASSEE, FLORDA

Prime Care Nursing Services Inc.

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

## 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 Article VII (Document Type Reing Corrected) Filed with the Department of State on September 7 2013 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect:

Correct the inaccuracy, incorrect statement, or defect:

Cruz, Allan J - DIRECTOR - (Inclusion)

(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.)

Luis Vazquez

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00