# P13000088353

| (Re                                     | questor's Name)    | · · · · · · · · · · · · · · · · · · · |
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ALCORECTION CONSTANTA

## **COVER LETTER**

| TO: Amendment Section<br>Division of Corporations   |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: ProCure Health   | SA. Inc.   |  |  |  |
| DOCUMENT NUMBER: P1300008   | Name of Corporation<br>8353  |  |  |  |
| The enclosed Articles of Correction and for   | ee are submitted for filing.   |  |  |  |
| Please return all correspondence concerni   | ng this matter to the following:   |  |  |  |
| Wordy W. Nicolas  |  |  |  |  |
| Name of Contact Person  | <del></del>  |  |  |  |
|   |  |  |  |  |
| Firm/Company  |  |  |  |  |
| 10448 Galleria Street   |  |  |  |  |
| Address   |  |  |  |  |
| Wellington, FL 33414  City/State and Zip Code   |  |  |  |  |
| wwnicolas@live.com  |  |  |  |  |
| E-mail address: (to be used for future annual r   | report notification)   |  |  |  |
| For further information concerning this matter, please call:                                    |  |  |  |  |
| Wordy W. Nicolas  |  |  |  |  |
| Name of Contact Person  | at (561) 282-6828  Area Code & Daytime Telephone Number  |  |  |  |
|   |  |  |  |  |
| Enclosed is a check for the following amo   | ount:  |  |  |  |
| <b>\$35.00</b> 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

## PROCURE HEALTH SA. INC.

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

#### P13000088353

| 1 100000000  |   |
|--|---|
| Document Number (if know   | m)  |
| Pursuant to the provisions of Section 607.0124 or 617.0124 these Articles of Correction within 30 days of the file date  |   |
| These articles of correction correct Article of Incorporation  | ration ment Type Being Corrected)                               |
| filed with the Department of State on 10/29/2013  (File Date of I  | incik Type Doing Contents                                       |
| Specify the inaccuracy, incorrect statement, or defect: THE NAME OF THE CORPORATION WAS  | C ENTEDED INCODERCTI V  |
|  | S ENTERED INCORECTET  |
| AS PROCURE HEALTH SA. INC.   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Correct the inaccuracy, incorrect statement, or defect: PROCURE HEALTHCARE SYSTEM SA, IN   | IC  |
|  |   |
|  |   |
|  |   |
|  | · · · · · · · · · · · · · · · · · · ·                           |
|  |   |
| (Signature of a director, president or other officer - inot been selected, by an incorporator - if in the han other court appointed fiduciary, by that fiduciary.) | f directors or officers have<br>ds of the receiver, trustee, or |
| Wordy W. Nicolas   | President   |
| (T   | (Title of person cirming)                                       |

**Filing Fee: \$35.00**