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LAW OFFICE

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P13000089819

Florida Department of State
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Account Number : I20090000107
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
LIFELONG FAMILY HEALTHCARE OF FLORIDA, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIFELONG FAMILY HEALTHCARE OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: P13000089819

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

Please return all correspondence concerning this matter to the following:

Joseph V. Priore, Esq.

Name of Contact Person

SANTUCCI PRIORE, P.L.

Firm/Company

200 South Andrews Avenue, Suite 100

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

jpriore@500law.com

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

For further information concerning this matter, please call:

Joseph V. Priore

Name of Contact Person

at (**954**) **351-7474**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

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☐ \$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

LIFELONG FAMILY HEALTHCARE OF FLORIDA, INC.

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

P13000089819

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 Articles of Incorporation
(Document Type Being Corrected)

filed with the Department of State on 11/04/2013
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Effective Date: 11/01/2013

Correct the inaccuracy, incorrect statement, or defect:

Effective Date: 1/01/2014

(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.)

Joseph V. Priore

(Typed or printed name of person signing)

Co-Incorporator

(Title of person signing)

Filing Fee: \$35.00

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