

P14000028153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

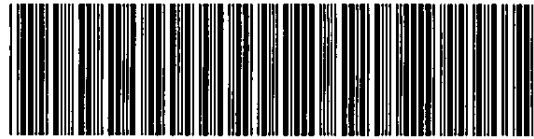
(Business Entity Name)

(Document Number)

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14 APR 16 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Healthcare Alliance Group, Inc.

DOCUMENT NUMBER: P14000028153

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Noel J. Guillama

Name of Contact Person

Guillama 2, Inc.

Firm/ Company

929 Cedar Cove Road.

Address

Wellington, FL 33414

City/ State and Zip Code

nguillama@gmail.com

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

For further information concerning this matter, please call:

Noel J. Guillama

Name of Contact Person

at (561) 713-3895

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

FILED
14 APR 16 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2014

NOEL J. GUILLAMA
GUILLAMA 2, INC.
929 CEDAR COVE ROAD
WELLINGTON, FL 33414

SUBJECT: HEALTHCARE ALLIANCE GROUP, INC.
Ref. Number: P14000028153

We have received your document for HEALTHCARE ALLIANCE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are wanting to change your effective date to a prior date you will need to complete the articles of correction. Since we received your amendment within the 30 days from filing we will let you exchange forms so the effective date can be changed back to March 27th. You can also add the officers on that form as well if you need you can add an attachment with the new officers names and addresses.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 714A00009001

RECEIVED
14 MAY 12 AM 8:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

For

HEALTHCARE ALLIANCE GROUP, INC.

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

P14000028153

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 ARTICLE OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on MARCH 27, 2014
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

① WRONG EFFECTIVE DATE

② DID NOT CORRECTLY IDENTIFY
SECRETARY OR PRESIDENT

Correct the inaccuracy, incorrect statement, or defect:

① ACTUAL EFFECTIVE DATE SHOULD BE
MARCH 27, 2014

② DESIGNATE BRIAN A. CHARLTON - SECRETARY
DESIGNATE NOEL J. GUILLAMA - PRESIDENT

(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.)

NOEL J. GUILLAMA

(Typed or printed name of person signing)

DIRECTOR/PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
14 APR 16 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA