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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT: Health Pro	Planning Holdings inc
DOCUMENT NUMBER: 140	xx 3 a lelo a
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Ona Manus of Contact Person	ovsky.
Health Pro Planni	ng Holdings inc
1770 NW LOHMS	st # 620
F+ Lauderdale FC	33309
E-mail address: (to be used for future armual rep	how com
For further information concerning this ma	tter, please call:
anamarie Xidousk	Uat (454) 773 3800 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$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 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 ____ filed with the Department of State on Specify the inaccuracy, incorrect statement, or defect: Correct the inaccuracy, incorrect statement, or defect:

(Signature of a director, president or other officer - if directors or officer have the been selected, by an incorporator - if in the hands of the received stustee, or other court appointed fiduciary, by that fiduciary.)

. . .

anamaria Xidousky
(Typed or printed name of person signing)

Oresident (Title of person signing)

Filing Fee: \$35.00