

PI60000076815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

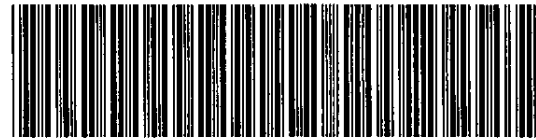
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SEC. OF TREASURY  
TALL/MASSCH/FLORIDA

2016 OCT -5 AM 8:52

FILED

Art correction

OCT 11 2016  
I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** US National Healthcare Clinics, Inc

Name of Corporation

**DOCUMENT NUMBER:** P16000076815

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

Please return all correspondence concerning this matter to the following:

**Jason Weil**

Name of Contact Person

**US National Healthcare Clinics, Inc**

Firm/Company

**485 N US HWY 17-92, Suite 415**

Address

**Longwood, FL 32750**

City/State and Zip Code

**ronette.bragg@expertuslabs.com**

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

For further information concerning this matter, please call:

**Jason Weil**

Name of Contact Person

at ( **407** ) **375-8599**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

10/5/2016

US National Healthcare Clinics, Inc  
485 N US HWY 17-92, Suite 415  
Longwood, Fl. 32750

Re: Amendment to Effective Date

To Whom It My Concern,

This letter is to request the effective date be changed from 12/1/2016 to 10/1/2016 for US National Healthcare Clinics, Inc. If there are any questions, please contact us at your convenience either by phone or mail. Our contact information is:

US National Healthcare Clinics, Inc  
485 N US HWY 17-92, Suite 415  
Longwood, Fl. 32750  
407-375-8599

Thank you for your time and consideration to our request.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronette Bragg", written over a horizontal line.

Ronette Bragg

US National Healthcare Clinics, Inc

# ARTICLES OF CORRECTION

For

US National Healthcare Clinics, Inc

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

P16000076815

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 Effective Date  
(Document Type Being Corrected)

filed with the Department of State on 9/19/2016  
(File Date of Document)

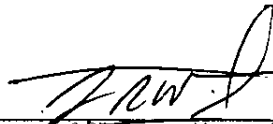
Specify the inaccuracy, incorrect statement, or defect:

Effective Date 12/1/2016

Correct the inaccuracy, incorrect statement, or defect:

Effective 10/01/2016

FILED  
2016 OCT -5 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE - FLORIDA



(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.)

Jason R. Weil

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00