

SECRETARY OF THE ARMY  
16 OCT 20 PM 3:37

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **ELEVATED HOSPITAL SOLUTIONS INC**  
Name of Corporation

DOCUMENT NUMBER: **P16000082910**

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

Please return all correspondence concerning this matter to the following:

**JOEI SKEFFINGTON**

Name of Contact Person

Firm/Company

**651 E WOOLBRIGHT ROAD APT E306**

Address

**BOYNTON BEACH FL 33435**

City/State and Zip Code

**BABETTEHAYES@GMAIL.COM**

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

For further information concerning this matter, please call:

**JOEI SKEFFINGTON** at **(561) 596-6558**

Name of Contact Person

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

**ARTICLES OF CORRECTION**

For

**FILED**  
16 OCT 20 PM 3:37

**ELEVATED HOSPITAL SOLUTIONS INC**

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

**P16000082910**

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 **10/12/2016**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**THE INITIAL OFFICER OR DIRECTOR OF THE CORPORATION IS TITLE P**

**JOHN SKEFFINGTON**

Correct the inaccuracy, incorrect statement, or defect:

**THE INITIAL OFFICER OR DIRECTOR OF THE CORPORATION IS**

**TITLE: P JOEI SKEFFINGTON**

(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.)

**JOEI SKEFFINGTON**

(Typed or printed name of person signing)

*President*

(Title of person signing)

**Filing Fee: \$35.00**