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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: APOLLO S NAI DOCUMENT NUMBER: P23C	URCOICAL SERVICES, JNC
DOCUMENT NUMBER: PZJC	0000 33 60
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
DR. DAVID PAIS Name of Contact Person	libert
APOllo SURGICAL	
1100 BRICKETT BAY	Drive #67H
MIAMI FL 33 City/State and Zip Code	
DAVID Phillibers E-mail address: (to be used for future annual repo	on notification
For further information concerning this mat	
DR. DAVID Phillibert Name of Contact Person	at (<u>G14</u>) <u>714 - 2430</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amoun	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

APOLLO SURGICAL SERVICES, Duc.
Name of Corporation as currently filed with the Florida Dept. of State

P2300003528 Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes. These articles of correction correct THE PORTOR PORATION - INITIAL DOCUM (Document Type Being Corrected) filed with the Department of State on 01/03/2023 (File Date of Document)	1eNTS
Specify the inaccuracy, incorrect statement, or defect: AN ERROR LISTED THE REGISTERED AGENT. "TITLE - PRESIDENT". THE REGISTERED ABENT IS NOT AN OFFICE	45
THE REGISTED CED TIBENT IS NOT AN OFFICE	
Correct the inaccuracy, incorrect statement, or defect:	
THE CORRECTION IS: THE PRESIDENT OF THE CORPORATION (IS AND HAS ALWAYS DREW)	<u> </u>
DR. DAVID Phillibert	
(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, trustec, or other court appointed fiduciary, by that fiduciary.)	-
David Phillibert (Typed or printed name of person signing) PRESIDENT (Title of person signing)	

Filing Fee: \$35.00