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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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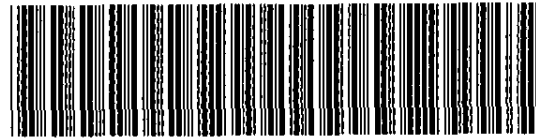
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SEP 23 2011

EXAMINER



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DIVISION OF CORPORATIONS
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CORRECTIVE

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

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NAME OF ENTITY <u>Rehab London Distributors</u> <u>USA, LLC</u>	FOR OFFICE USE ONLY
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PICK ONE:

CERTIFIED COPY PHOTOCOPY C.U.S.

FILING:

CORPORATION LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP
 FICTITIOUS NAME SERVICEMARK/TRADEMARK AMENDMENT
 FOREIGN QUALIFICATION JUDGMENT LIEN
 OTHER Art of Correction

RETRIEVAL:

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Notes: _____

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
REHAB LONDON DISTRIBUTERS USA, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Name of LLC contains incorrectly spelled word. Please correct "DISTRIBUTERS"
to "DISTRIBUTORS".

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 19, 2011


Signature of a member or authorized representative of a member

Wayne Rassner

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)