

PO3000015502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

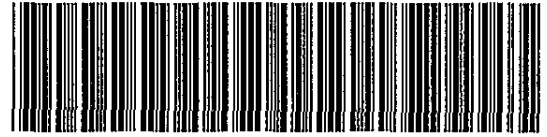
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

03 FEB 14 AM 9:57

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PO3000015502
2-14-03
Act of Corp/NC
3rd Copy

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FL Family Care, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000015502

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

Please return all correspondence concerning this matter to the following:

Lisa M. O'Toole

(Name of Person)

Florida Family Care, Inc.

(Name of Firm/Company)

1500 University Drive, Suite 241

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa M. O'Toole

(Name of Person)

at (954) 234-5208

(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, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

FL Family Care, Inc.

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

P03000015502

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction.

These articles of correction correct Electronic Articles of Incorporation
(Document Type)

filed with the Department of State on 2/7/03
(File Date of Document)

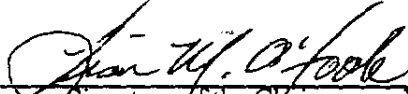
Specify the incorrect statement and reason it is incorrect or the manner in which the execution was defective:

Name of corporation was incorrectly submitted as: FL Family Care, Inc.

FILED
03 FEB 14 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the incorrect statement or defective execution:

Name of corporation correctly stated is: Florida Family Care, Inc.


Signature of the Chairman or Vice Chairman of the Board of Directors, any officer, or an incorporator, if applicable.

Lisa M. O'Toole
Typed or printed name of signee

President
Title

Filing Fee: \$35.00