

F05000005715

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

ARTICLES OF CORRECTION
BASIC AMENDMENT
OF PHC THERAPY COMPANY

Certificate of Status	0
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DIVISION OF CORPORATIONS

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PAGE 02/03
P.03/03

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OF PBC THERAPY COMPANY

(Name of Corporation)

DOCUMENT NUMBER: F05000005715

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

Please return all correspondence concerning this matter to the following:

Mary Haney

(Name of Contact Person)

Buchanan Ingersoll PC

(Firm/Company)

one Oxford Centre, 301 Grant Street, 20th Floor

(Address)

Pittsburgh, PA 15219-1410

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Haney

(Name of Contact Person)

at (412

) 562-1368

(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

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ARTICLES OF CORRECTION

for

OP THC THERAPY COMPANY

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

F05000005715

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 Application for authorization to transact business in Florida

(Document Type Being Corrected)

filed with the Department of State on F05000005715

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The forced D/B/A name was listed as OP THC Therapy Company

Correct the inaccuracy, incorrect statement, or defect:

The correct D/B/A name is: "OP THC Therapy Company"


(Signature of a director, president or other officer - or directors or officers have not been selected, by the incorporator - if so the name of the director, trustee, or other court appointed fiduciary, by their fiduciary.)

Rosemary J. Corsetti

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35.00