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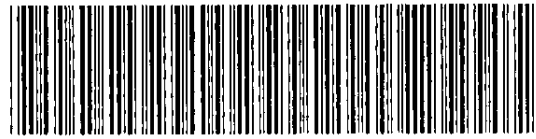
**A. LUNT**

OCT - 5 2010

**EXAMINER**

10

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
10 OCT - 5 PM 3: 05

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT - 5 PM 3: 20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTH & REHAB CLINIC, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

MARLAINE RAYMOND  
Name of Person

HEALTH & REHAB CLINIC, LLC  
Firm/Company

108 WEST 5<sup>th</sup> AVENUE  
Address

TALLAHASSEE, FL 32303  
City/State and Zip Code

mshemaka@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLAINE RAYMOND at ( 850 ) 324-0033  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED  
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TALLAHASSEE, FLORIDA

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: HEALTH & REHAB CLINIC, 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:

I'm admitting that Judith Labarge is  
the managing member and 100% owner of  
Health & Rehab Clinics. The address is 108 West  
5th Avenue, Tallahassee, FL 32303.

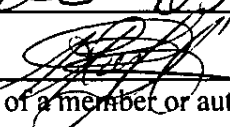
**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: October 05, 2010

  
Signature of a member or authorized representative of a member

MARLAIVE RAYMOND  
Typed or printed name of signee

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

I AM ADMITTING That Judith LaBerge is 100%  
~~the~~ owner of Health & Rehab clinic, LLC  
The address is 108 W. 5th AVE  
TALL, FL, 32303

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA