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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 18 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** R&C Pain Control

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:

Cherrian K. Cherian

Name of Person

R&C Pain Control

Firm/Company

5838 Bent Grass Dr

Address

Valrico, FL 33596

City/State and Zip Code

cherianc@yahoo.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cherrian K. Cherian

Name of Person

at ( 813 )

404-5691  
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**

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:  
   **R&C Pain Control**

**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:

The company name is currently R&C Pain Control. I would like it changed to

R&C Wellness Center. <sup>✓</sup>The name is incorrect because partners had found a  
name that is more appropriate.

**OR**



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

Dated: \_\_\_\_\_, 03/14/2010.

Cherrian K. Cherian

Signature of a member or authorized representative of a member

Cherrian K. Cherian

Typed or printed name of signee

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

**FILED**  
**10 MAR 17 PM 2:52**  
**SECRETARY OF STATE**  
**FALLAHASSEE, FLORIDA**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000026636  
FILED 8:00 AM  
March 10, 2010  
Sec. Of State  
clewis

**Article I**

The name of the Limited Liability Company is:

R&C PAIN CONTROL LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

5838 BENT GRASS DR  
VALRICO, FL. 33596

The mailing address of the Limited Liability Company is:

5838 BENT GRASS DR  
VALRICO, FL. 33596

**Article III**

The purpose for which this Limited Liability Company is organized is:

PAIN MANAGEMENT SERVICES

**Article IV**

The name and Florida street address of the registered agent is:

CHERRIAN K CHERIAN SR  
5838 BENT GRASS DR  
VALRICO, FL. 33596

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHERRIAN K CHERIAN

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### **Article V**

The name and address of managing members/managers are:

Title: MGR  
CHERRIAN K CHERIAN  
5838 BENT GRASS DR  
VALRICO, FL. 33596

Title: MGR  
BINU ALEX  
12835 STANWICK CIRCLE  
TAMPA, FL. 33626

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March 10, 2010  
Sec. Of State  
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### **Article VI**

The effective date for this Limited Liability Company shall be:

04/01/2010

Signature of member or an authorized representative of a member

Signature: CHERRIAN K CHERIAN

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