110000123211

(Req	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALL ABARSES STATE

B. BOSTICK
DEC 21 2010
EXAMINER

COVER LETTER

PO: Registration Section Division of Corporations			
SUBJECT: Injury Rx LLC	2	_	
Name of Limited Liability Co	ompany		
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	ng:		
Rochelle S. Matza	_		
Name of Person			
Injury Rx LLC	JAL SE	1	
Firm/Company) PE	*******
2901 SW 149 Avenue, Suite 400	HAS:	Ը շ(
Address		-0	
Miramar, FL 33027	F 51	10 DEC 20 PM 3: 12	J
City/State and Zip Code	- DRID	12	
rsmatza@ahcs.com	Þ		
E-mail address: (to be used for future annual report notification)	-		
For further information concerning this matter, please call:			
Rochelle S. Matza at (954	ode & Daytime Telephone Number	-	
Name of Person Area C	ode & Daytime Telephone Pumber		
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 \$\bigcup \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (08/05)

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. 410000123211 FIRST: The name of the limited liability company is: Injury Rx LLC The articles of organization or the application to transact business **SECOND**: (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 name of the entity was incorrectly listed as Access Rx LLC. The correct name of the entity is Injury Rx LLC. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: 2010 December 15 Dated: Signature of a member or authorized representative of a member Rochelle S. Matza Typed or printed name of signee Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)