

PO2 000079897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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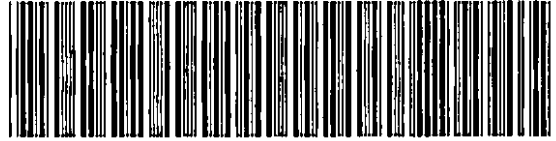
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R. WHITE
JUN 8 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A-PLUS MEDICAL AND REHAB CENTER INC

Name of Corporation

DOCUMENT NUMBER: P02000079897

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

Please return all correspondence concerning this matter to the following:

AMADOR REYES JR

Name of Contact Person

A-PLUS MEDICAL AND REHAB CENTER INC

Firm/Company

4699 N.STATE ROAD 7 SUITE B-2

Address

LAUDERDALE LAKES, FL 33319

City/State and Zip Code

ROGERREYES916@AOL.COM

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

For further information concerning this matter, please call:

AMADOR REYES JR

Name of Contact Person

at (786) 259-7699

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

A-PLUS MEDICAL AND REHAB CENTER INC

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

P02000079897

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ADDRESS

(Document Type Being Corrected)

filed with the Department of State on FLORIDA

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

A-PLUS MEDICAL AND REHAB CENTER INC

4699 N.STATE ROAD 7

SUITE B-2

TAMARAC, FLORIDA 33319


Correct the inaccuracy, incorrect statement, or defect:

A-PLUS MEDICAL AND REHAB CENTER INC

4699 N. STATE ROAD 7

SUITE B-2

LAUDERDALE LAKES, FLORIDA 33319



(Signature of a director, president or other officer - If directors or officers have not been selected, by an incorporator or in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

AMADOR REYES JR

(Typed or printed name of person signing)

AUTHORIZED DELEGATE

(Title of person signing)

Filing Fee: \$35.00