

PO3000138379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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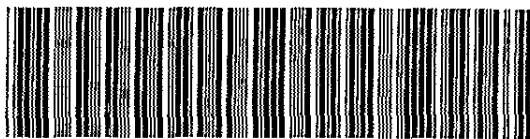
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Workers Comp Recovery Specialists, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000138379

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

Please return all correspondence concerning this matter to the following:

Meghan M. Porter
(Name of Person)

Workers Compensation Recovery Specialists, Inc.
(Name of Firm/Company)

4903 South Dixie Highway
(Address)

West Palm Beach, FL 33405
(City/State and Zip Code)

For further information concerning this matter, please call:

Meghan Porter at (561) 721-0293
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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ARTICLES OF CORRECTION

03 DEC 21 PM 3:16

for

Workers Comp Recovery Specialists, Inc.

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

PO3000138379

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 Articles of Incorporation

(Document Type)

filed with the Department of State on November 21, 2003

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Incorrect Corporate name submitted. The correct
corporate name is:

Workers Compensation Recovery Specialists, Inc.

Correct the inaccuracy, incorrect statement, or defect:

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

Meghan M. Porter
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00