

PA4000071486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

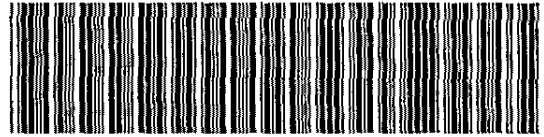
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Res- *[Signature]*
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2007

PACIFIC MEDICAL & REHABILITATION CENTER INC.
ATTN: BARBARA OLIVA
6017 SW 8 ST
MIAMI, FL 33144

SUBJECT: PACIFIC MEDICAL & REHABILITATION CENTER INC.
Ref. Number: P04000071486

We have received your document for PACIFIC MEDICAL & REHABILITATION CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 207A00013074

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pacific Medical Rehab Center

DOCUMENT NUMBER: P04000071486

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Oliva
(Name of Contact Person)

Pacific Medical and Rehabilitation Center
(Firm/ Company)

6017 SW 8 Street
(Address)

Miami, FL 33144
(City/ State and Zip Code)

For further information concerning this matter, please call:

Barbara Oliva at (305) 305-1693
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301