## P04000116616

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Articles of Coraction with NC

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: E&M PHYSICAL THERAPY, INC	
	(Name of Cor	poration)
DOCI	UMENT NUMBER: P04000116616	7 9
The en	nclosed Articles of Correction and fee are su	bmitted for filing.
Please	return all correspondence concerning this m	natter to the following:
	ELIER FROMETA (Name of P	erson)
	E&M PHYSICAL THERAPY, INC	Company)
P.O. E	OX 350066	† † ! :
	(Addre	55)
	MIAMI FL 33135 (City/State and	ZIp Code)
For fu	orther information concerning this matter, ple	ease call:
BERT	"HA C. GARCIA at (	305 ) 644-8838 (Area Code & Daytine Telephone Number)
<b>.</b>		(Mea Code & Daying Telephotic Nation)
Enclo	sed is a check for the following amount:	
	<b>2</b> \$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, Florida 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF CORRECTION

for

FILED

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TALLAHASSEE FLORIDA

E&M PHYSICAL THERAPY, INC	E&M	PH	YSIC	$\Delta L$	THER	٩J	PY,	INC
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P04000116616

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

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 ARTICLE OF INCORPORATION (Document Type)
filed with the Department of State on 08/10/2004 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
CHANGE OF CORPORATION NAME: E&M PHYSICAL THERAPY, INC
· · · · · · · · · · · · · · · · · · ·
Correct the inaccuracy, incorrect statement, or defect:
NEW NAME: E&M REHABILITATION CENTER, INC
i
In month
(Signature of a director, president or other afficer - 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.)

Filing Fee: \$35.00

6/1ER FROMETA
(Typed or printed name of person signing)