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- (Re	questor's Name)	
(Ad	dress)	
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Consideration Consider	O-481	- F Charles
Certified Copies	Centificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: COMMUNITY REHAB CE	NTER INC.
DOCUMENT NUMBER: p0600009	
The enclosed Articles of Correction and fee	
Please return all correspondence concerning	g this matter to the following:
Hilton F. Stone Ir (Name of Contact Person)	
Stone's Tax & Accounting Se (Firm/Company)	rvice, Inc.
#500 Belvedere Road, Suite (Address)	<u>F </u>
West Palm Beach F1 33415_ (City/State and Zip Code)	1357
For further information concerning this ma	tter, please call:
Hilton F. Stone. Jr. (Name of Contact Person)	at (561) 683-0866 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
₩ \$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 Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32301 .

ARTICLES OF CORRECTION

FILED

for

06 AUG 25 PM 9:48

	SECNE PARY OF STATE
COMMUNITY REHAB CENTER INC. Name of Corporation as currently filed with the Florida Dept. of St	THE AHASSEE, FI DRIDA
	Homba
P0600099870 Document Number (if known)	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Stathese Articles of Correction within 30 days of the file date of the documents of the section of the section within 30 days of the file date of the documents.	atutes, this corporation files nent being corrected.
These articles of correction correct FLORIDA PROFIT CORP (Document Type Being Comment Typ	Corrected)
filed with the Department of State on 07/31/2006 (File Date of Document)	<u> </u>
Specify the inaccuracy, incorrect statement, or defect:	•
Was Filed with zip code 33401	
	4.
Correct the incomment incomment estatement or defeats	
Correct the inaccuracy, incorrect statement, or defect:	
Zip Code should be 33409-2952	
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(Signature of a director, president or other officer if directors or office not been selected, by an incorporator - if in the hands of the receiver, to other court appointed fiduciary, by that fiduciary.)	ers have crustee, or
Toannot Sanon	Vice President
Jeannot Sanon (Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00