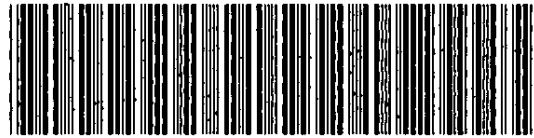


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07/18/08--01009--014 **52.50

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:
Heather Retske
gave permission to
correct the Art. of
Correction. DC 7/23/08

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w/ ~~Name~~ Change

07/23/08
DC

• **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: Optimal Therapy Corp.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Heather L. Betske
(Name of Contact Person)

Optimal Therapy Corp.
(Firm/Company)

19390 Collins Ave #425
(Address)

Miami, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather L. Betske at (305) 467-0779
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Optimal Therapy Corp.

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

Document Number (if known)

FILED 08 JUL 18 AM 11:01 SECRETARY OF STATE PAUL AHRSSE, FIDM

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 Being Corrected)

filed with the Department of State on July 16, 2008 (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of corporation is: Optimal Therapy Corp.

Correct the inaccuracy, incorrect statement, or defect:

Optimal Therapy, P.A. shall now be the corporate name. The purpose shall be: Occupational Therapy Services

Heather L. Retske, President (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.)

Heather L. Retske (Typed or printed name of person signing)

President (Title of person signing)