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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

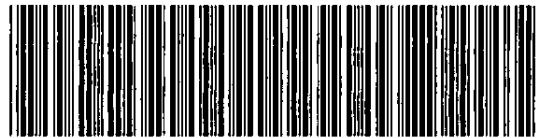
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Articles of
Correction

08/07/09--01019--014 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BALANCED LIFE THERAPY CENTER, INC

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:

KAREN DAVILA

Name of Contact Person

BALANCED LIFE THERAPY CENTER, INC

Firm/Company

1913 WEST SLIGH AVE

Address

TAMPA, FL 33604

City/State and Zip Code

balancedlifetherapy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN DAVILA

Name of Contact Person

at (813) 374-9052

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

BALANCED LIFE THERAPY CENTER, INC.

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 DIRECTOR CATHERINE PEREZ,
(Document Type Being Corrected)

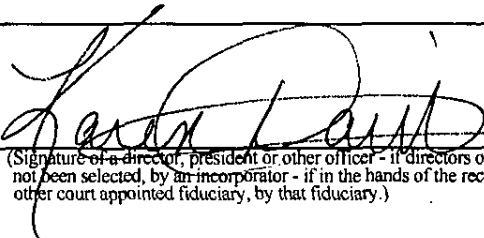
filed with the Department of State on 07/23/09,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE AMENDMENT WAS DONE IN ERROR BY MY RECEPTIONIST, LIDIANA
CABRERA. CATHERINE PEREZ HOLDS NO STOCK OR SHARES WITH BALANCED
LIFE THERAPY CENTER, INC NOR IS SHE A DIRECTOR OF MY CLINIC.

Correct the inaccuracy, incorrect statement, or defect:

PLEASE REMOVE CATHERINE PEREZ AS DIRECTOR OF BALANCED LIFE
THERAPY CENTER, INC


(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.)

KAREN D. DAVILA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA