

P09000039051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

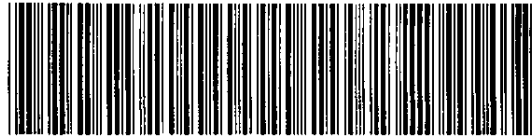
(Business Entity Name)

(Document Number)

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FILED
09 MAY -7 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

21
5/13/09
De

THE LAKES HOME HEALTH AGENCY INC
5803 NW 151 STREET SUITE 205
MIAMI LAKES FLORIDA 33014

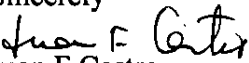
FLORIDA DEPARTMENT OF STATE
Amendment Section
Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314

Dear Sirs:

Please make the correction of the Articles II. The corrected name of the city is Miami Lakes.

5803 NW 151 STREET, SUITE 205
MIAMI LAKES FL 33014

Sincerely


Juan F Castro

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Lakes Home Health Agency inc
Name of Corporation

DOCUMENT NUMBER: P09000039051

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

Please return all correspondence concerning this matter to the following:

JUAN F. CASTRO

Name of Contact Person

The Lakes Home Health Agency inc

Firm/Company

5803 NW 151 STREET, SUITE 205

Address

MIAMI LAKES, FL, 33014

City/State and Zip Code

iea@bellsouth.net

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

For further information concerning this matter, please call:

JUAN F. CASTRO

Name of Contact Person

at (954) 540-8907

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

The Lakes Home Health Agency inc

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

P09000039051

Document Number (if known)

FILED
09 MAY -7 PM 2:18
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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 II
(Document Type Being Corrected)

filed with the Department of State on May 01, 2009
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

"Pembroke Pines" The city of the principal place of business address is incorrect

"Pembroke Pines" The city of the mailing address of the corporation is incorrect

Correct the inaccuracy, incorrect statement, or defect:

"Miami lakes" The city of the principal place of business address

"Miami lakes" The city of the mailing address of the corporation

Juan F. Castro

(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.)

Juan F. Castro

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00