

P100000012712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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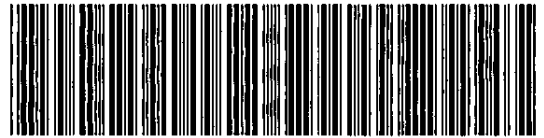
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 FEB 19 AM 10:24

Art Correction
@ 2/22/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LM REHAB CENTER INC

Name of Corporation

DOCUMENT NUMBER: P10000012712

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

Please return all correspondence concerning this matter to the following:

MICHAL LINARES

Name of Contact Person

LM REHAB CENTER INC

Firm/Company

7270 NW 12 ST SUITE 545

Address

MIAMI, FL 33126

City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAL LINARES

Name of Contact Person

at (786) 306-5603

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

LM REHAB CENTER INC

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

P10000012712

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 P10000012712,
(Document Type Being Corrected)

filed with the Department of State on 2/22/2010.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLES II, V, VI, VII

Correct the inaccuracy, incorrect statement, or defect:

ARTICLES II, V, VI, VII - principal / RA / officer / Address

1150 NW 72 AVE SUITE 700

MIAMI, FL 33126

Linares

(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.)

MICHAL LINARES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
STATE OF FLORIDA
DEPT. OF STATE
ALL AMENDMENTS
10 FEB 19 AM 10:24