

P10000026922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

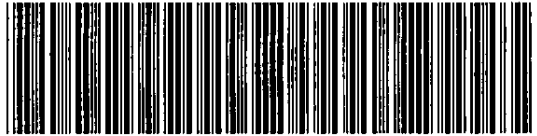
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TALLAHASSEE, FLORIDA

Act of Gov/Sec  
4/5/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ORG Rehabilitation Center  
Name of Corporation

DOCUMENT NUMBER: 700173258497

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

Please return all correspondence concerning this matter to the following:

OMAYDA Vazquez  
Name of Contact Person

OLUMS  
Firm/Company

2100 WEST 75 ST Suite 312  
Address

HiALEAH FL 33016  
City/State and Zip Code

OMAYDA 1968 91 yahoo. 05  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAYDA Vazquez at (786)-624-7194  
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

ORC Rehabilitation Center, Inc

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

700173258497

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 ORC Rehabilitation Center, Inc

(Document Type Being Corrected)

filed with the Department of State on 03/26/2010

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

there was a spelling error in rehabilitation  
instead of rehabilitation. that is how  
it should be written.

Correct the inaccuracy, incorrect statement, or defect:

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10 APR - 1 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Signature]

(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.)

Orayda Varquez

(Typed or printed name of person signing)

Massage therapist

(Title of person signing)

Filing Fee: \$35.00