

P10000055538

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(City/State/Zip/Phone #)

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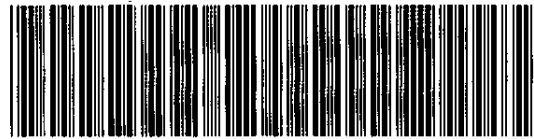
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Art. of Correction

7-27-10

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RETIREMENT RESCUE CLINIC, INC.
Name of Corporation

DOCUMENT NUMBER: P1 00000 555 38

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

Please return all correspondence concerning this matter to the following:

DONALD ARONOWITZ
Name of Contact Person

Firm/Company

PO BOX 970010
Address

COCONUT CREEK FL 33097
City/State and Zip Code

retirementrescueclinic@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD ARONOWITZ at (954) 427-6860
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

RETIREMENT RESCUE CLINIC, INC.

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

PI 0000055538

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 ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on 7/2/10

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE VII :

TITLE: PRES

RETIREMENT RESCUE CLINIC, INC

POB 970010

COCONUT CREEK, FL 33097

Correct the inaccuracy, incorrect statement, or defect:

TITLE: PRES

DONALD ARONOWITZ

POB 970010

COCONUT CREEK, FL 33097

X Don Aronowitz

(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.)

DON ARONOWITZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
10 JUL 27 PM 2:01
STATE DEPT OF STATE
FILING CLERK