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EXAMINER

COVER LETTER

Division of Corporations	,
SUBJECT: Timberlane	Assisted Living Facility Name of Corporation
DOCUMENT NUMBER:	
The enclosed Articles of Correction and for	ee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Tame la Ou	vens .
Timbellane ALF	
	+ Dr.
New Smyrna FL City/State and Zip Code	32168
towens 327 P E-mail address: (to be used for future annual r	Gol. Comeport notification)
For further information concerning this m	atter, please call:
✓	at (386) 527-378/ Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$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	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

for
Timber lane Assisted Living Facility, Inc
P10000570089 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 Ame of Corporation
affer timber lane, 5000000000000000000000000000000000000
-2 PM
Correct the inaccuracy, incorrect statement, or defect:
Timberlane Lodge Assisted Living Facility, 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.)
Tanela 5 Owens Preson signing)

Filing Fee: \$35.00