

P110000072256

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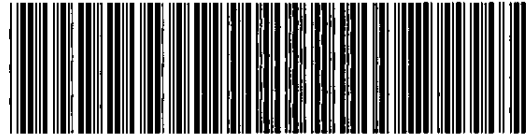
(Business Entity Name)

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*Articles of
Correction*

08/15/11--01007--002 **35.00

Name Change

FILED
2011 AUG 15 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/17/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA CHIRO & WELLNESS PA

Name of Corporation

DOCUMENT NUMBER: P11000072256

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

Please return all correspondence concerning this matter to the following:

SPIVAK, OLGA

Name of Contact Person

SOUTH FLORIDA CHIRO & WELLNESS PA

Firm/Company

1580 SHORELINE WAY

Address

HOLLYWOOD FL 33019

City/State and Zip Code

uacs2001@yahoo.com

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

For further information concerning this matter, please call:

SPIVAK, OLGA

Name of Contact Person

at (386) 451-8451

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

FILED

for

2011 AUG 15 PM 4:16

SOUTH FLORIDA CHIRO & WELLNESS PA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P11000072256

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 08/12/2011

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

SOUTH FLORIDA CHIRO & WELLNESS PA

Correct the inaccuracy, incorrect statement, or defect:

SOUTH FLORIDA CHIRO & WELLNESS, INC.



(Signature of 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.)

SPIVAK, OLGA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00