

P110000086863

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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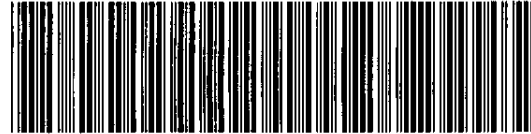
(Business Entity Name)

(Document Number)

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Articles of
Correction &

10/06/11--01021--021 **52.50

name change

FILED
2011 NOV -3 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR

11/3/11

*00789, 00721, 00524, 00624, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2011

Stacy Witwer
BeneTrends, Inc.
1180 Welsh Road, Suite 280
North Wales, PA 19454

SUBJECT: CENTRALL FLORIDA HOME HEALTH SERVICES, INC.
Ref. Number: P11000086863

We have received your document for CENTRALL FLORIDA HOME HEALTH SERVICES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please put the "old" name of the corporation in the heading (under "Articles of Correction for").

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 411A00023217

RECEIVED
11 NOV -3 AM 10:02
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Home Health Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000086863

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

Please return all correspondence concerning this matter to the following:

Stacy Witwer

Name of Contact Person

BeneTrends, Inc.

Firm/Company

1180 Welsh Road, Suite 280

Address

North Wales, PA 19454

City/State and Zip Code

switwer@benetrends.com

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

For further information concerning this matter, please call:

Stacy Witwer

Name of Contact Person

at (267) 328-1309

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 NOV -3 PM 4:15

Central Florida Home Health Services, Inc. SECRETARY OF STATE
Name of Corporation as currently filed with the Florida Dept. of State TALLAHASSEE, FLORIDA

P11000086863

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 October 4, 2011
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of the corporation is: Centrall Florida Home Health Services, Inc.

Correct the inaccuracy, incorrect statement, or defect:

The name of the corporation is: Central Florida Home Health Services, 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.)

Joseph A. Gitto, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00