

P17000009153

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(Address)

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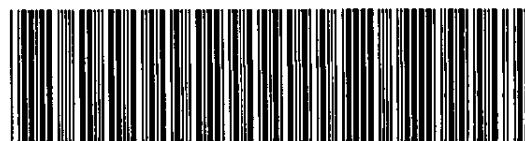
(Business Entity Name)

(Document Number)

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SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

2017 FEB -6 AM 8:53

FILED

Art Correction  
Name chg

FEB -9 2017  
I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WELLNESS REHAB OF SOUTH FLORIDA

Name of Corporation

**DOCUMENT NUMBER:** P17000009153

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

Please return all correspondence concerning this matter to the following:

**LAWRENCE PRESSER**

Name of Contact Person

**LAWRENCE PRESSER**

Firm/Company

**9858 Glades Rd. #116**

Address

**Boca Raton, Florida 33434**

City/State and Zip Code

**lpresse2001@yahoo.com**

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

For further information concerning this matter, please call:

**LAWRENCE PRESSER** at ( **954** ) **979-8661**

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

**WELLNESS REHAB OF SOUTH FLORIDA**

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

**P17000009153**

Document Number (if known)

FILED  
2017 FEB -6 AM 8:53  
SECRETARY  
TALLAHASSEE, FLORIDA

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 **JANUARY 26, 2017**,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

1. The words "INC." need to appear at the end of the name of the corporation

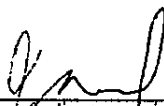
so it reads "WELLNESS REHAB OF SOUTH FLORIDA INC."

2. The first name of the officer, director and resident agent of the corporation is  
spelled JAIRILENA rather than JARILENA. Spelling of first name needs  
to be corrected.

Correct the inaccuracy, incorrect statement, or defect:

1. Corporate name is WELLNESS REHAB OF SOUTH FLORIDA INC.

2. First name of officer, director and resident agent is spelled JAIRILENA.

  
(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.)

**JAIRILENA M. VIANA**

(Typed or printed name of person signing)

*President/Director*  
(Title of person signing)

**Filing Fee: \$35.00**