

# P21 000044507

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

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☐

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MAIL

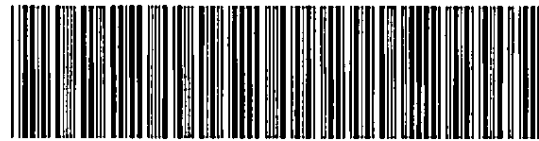
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Discovery Mental Health Services PA  
Name of Corporation

DOCUMENT NUMBER: P21000044507

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

Please return all correspondence concerning this matter to the following:

Kelly L. Stevens  
Name of Contact Person

Discovery Mental Health Services PA  
Firm/Company

13453 N. Main St Ste. 104  
Address

Jacksonville, FL 32218  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly L. Stevens at ( 904 ) 294-6277  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

Discovery Mental Health Services PA  
Name of Corporation as currently filed with the Florida Dept. of State

P21000044507  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Officer/Director Detail  
(Document Type Being Corrected)

filed with the Department of State on 02/2022  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Under Name and Address, it has  
Kelly L. Stevens listed as  
"Title VP."

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TALLAHASSEE, FL

Correct the inaccuracy, incorrect statement, or defect:

Please change the inaccuracy to  
"Title P" with Kelly L. Stevens  
and address directly underneath  
"Title P"

Kelly L. Stevens

(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.)

Kelly L. Stevens  
(Typed or printed name of person signing)

President, LMFT  
(Title of person signing)

Filing Fee: \$35.00