

L110000089418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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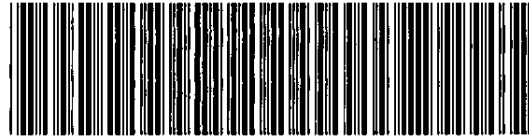
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 10 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMRAN MALIK, MD, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

IMRAN MALIK, MD

Name of Person

Firm/Company

362 NW SHEFFIELD CIR

Address

PORT SAINT LUCIE, FL 34983

City/State and Zip Code

IMRANMALIKMD@GMAIL.COM

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

FILED
11 AUG -9 PM 12:53
STATE OF FLORIDA
TALLAHASSEE

For further information concerning this matter, please call:

IMRAN MALIK, MD

Name of Person

at (772) 293-1666

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
IMRAN MALIK, MD, LLC

L11 000089418

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
In article V the last and first name of the managing member are switched.

It should be corrected to following: Title: MGRM

First Name: Imran Last Name: Malik Address: 362 NW Sheffield Cir

Port Saint Lucie, FL 34983

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 08/05/2011

Imran Malik

Signature of a member or authorized representative of a member

Imran Malik, MD

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
11 AUG -9 PM 12:53
STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L11000089418
FILED 8:00 AM
August 04, 2011
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:

IMRAN MALIK, MD, LLC.

Article II

The street address of the principal office of the Limited Liability Company is:

8515 S. US HIGHWAY 1
PORT SAINT LUCIE, FL. 34952

The mailing address of the Limited Liability Company is:

362 NW SHEFFIELD CIR
PORT SAINT LUCIE, FL. 34983

Article III

The purpose for which this Limited Liability Company is organized is:

PRACTICE OF FAMILY MEDICINE

Article IV

The name and Florida street address of the registered agent is:

IMRAN MALIK MD
362 NW SHEFFIELD CIR
PORT SAINT LUCIE, FL. 34983

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: IMRAN MALIK

Article V

The name and address of managing members/managers are:

Title: MGRM
MALIK IMRAN MD
362 NW SHEFFIELD CIR
PORT SAINT LUCIE, FL. 34983

L11000089418
FILED 8:00 AM
August 04, 2011
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

07/29/2011

Signature of member or an authorized representative of a member

Electronic Signature: IMRAN MALIK

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.