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L13-21622

COOPER LEVENSON
ATTORNEYS AT LAW

1125 Atlantic Avenue
Atlantic City, NJ 08401
Phone 609-344-3161
Toll Free 800-529-3161
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Direct Phone (609) 572-7436
Direct Fax (609) 572-7437

FILE NO.:

KERRI L. KOPERVOS
EMAIL: kkopervos@cooperlevenson.com

February 15, 2013

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

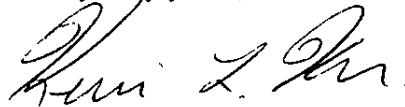
Re: Quality Medical Assurance Association LLC

To Whom it May Concern:

Enclosed please find an original and one copy of the Certificate of Correction for Quality Medical Assurance Association, LLC, together with a firm check in the amount of \$25.00 to cover filing costs. Please return a stamped copy of the original to my attention in the envelope provided.

Thank you for your attention to this matter.

Very truly yours,



Kerri L. Kopervos, Paralegal
Robert E. Salad

2013 FEB 15 PM 1:08
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KLK/KLK
Enclosure
CLAC 390831 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Medical Assurance Association, 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:

Kerri L. Kopervos

Name of Person

Cooper Levenson LAW Firm

Firm/Company

1125 Atlantic Ave., 3rd Floor

Address

Atlantic City, NJ 08401

City/State and Zip Code

kkopervos@cooperlevenson.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB 19 PM 1:00

FILED

For further information concerning this matter, please call:

Kerri Kopervos

Name of Person

at (609) 572-7436

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

**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:
Quality Medical Assurance Association, LLC

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:

Article IV has a typo in the address. The Registered Agent and Address should be:

David L. Blecker, MD

1745 E. Hallandale Beach Blvd. Apt. 1407

Hallandale Beach, FL 33009

OR

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

Dated: February 14, 2013



Signature of a member or authorized representative of a member

Michael Salad, Esquire

Typed or printed name of signee

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L13000021622
FILED 8:00 AM
February 11, 2013
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
QUALITY MEDICAL ASSURANCE ASSOCIATION, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1745 E. HALLANDALE BEACH BLVD
APT. 1407
HALLANDALE BEACH, FL. 33009

The mailing address of the Limited Liability Company is:
1745 E. HALLANDALE BEACH BLVD
APT. 1407
HALLANDALE BEACH, FL. 33009

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
DAVID L BLECKER MD
1475 E. HALLANDALE BEACH BOULEVARD
APT 1407
HALLANDALE BEACH, FL. 33009

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: DAVID L. BLECKER, MD

Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID L. BLECKER MD
1745 E HALLANDALE BEACH BOULEVARD APT 1407
HALLANDALE BEACH, FL. 33009

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FILED 8:00 AM
February 11, 2013
Sec. Of State
thampton

Article VI

The effective date for this Limited Liability Company shall be:

02/11/2013

Signature of member or an authorized representative of a member

Electronic Signature: DAVID L. BLECKER, MD

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.