Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000011854 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name

: SUPERBIZ.COM, INC.

Account Number: I20070000160

Phone

: (800)494-3124

Fax Number

: (561)455-9885

Enter the email address for this business entity to be used for full me annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WINTER PARK FAMILY PHYSICIAN LLC

Certificate of Status	0 .
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 1 6 2014

H14000011854 3

STATMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRS	<u>5T</u> :	The name of the limited liability company is: WINTER PARK FAMILY PHYS	SICIAN LLC	SECR
<u>SEC</u>	OND:	Document to be corrected is: ARTICLES OF ORGANIZATION	DN	ANSSEE.
	(CHE	CK THE APPROPRIATE BOX AND COMPLETE T	HE APPLICABLE S	PATEMENT.
X	and th	tins an incorrect statement. The incorrect statement, the corrected statement are as follows: E CORRECT NAME OF THE LL		
	TH	E FOLLOWING:		····
	WI	NTER PARK FAMILY PHYSICIA	ANS LLC	
				,
	<u>OR</u>			
		defectively signed. The manner in which the docume priate correction are as follows:	ent was defectively si	gned and the
	<u>OR</u>			
	The e	lectronic transmission of the record was defective.	1 / 15 / 2011	+
— <u>s</u>	ignature	of Authorized Representative	Date	

H140000118543