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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

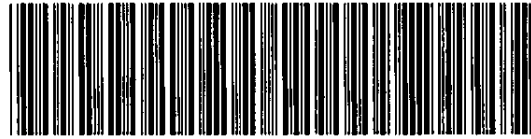
(Business Entity Name)

(Document Number)

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SECURITY DIVISION
FALL ARBASSISTANT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL URGENT CARE & MINIMAL (MINIMALLY) s/b
Name of Limited Liability Company
INVASIVE SURGERY CENTER, LLC

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

BAHAREH FAZILAT MD
Name of Person

Firm/Company

6515 COLLINS AVENUE UNIT 1807
Address

MIAMI BEACH FL 33141
City/State and Zip Code

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

For further information concerning this matter, please call:

KAY CARTER / INNOVATIVE HEALTHCARE (941) 350-3930
Name of Person 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

**STATEMENT 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.

FIRST: The name of the limited liability company is: INTERNATIONAL URGENT CARE & MINIMALLY INVASIVE SURGERY CENTER, LLC
(Please change MINIMAL to MINIMALLY in name)

SECOND: The Florida Document number of the limited liability company is: LI4000 114804

THIRD: Document to be corrected is:
NAME OF LLC - Please change MINIMAL to MINIMALLY in name

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:

NAME OF LLC MISPELLED
MINIMAL SHOULD BE MINIMALLY

OR

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

OR

The electronic transmission of the record was defective.

Kay Carter 7/22/14
Signature of Authorized Representative Date

STATE OF FLORIDA
SECRETARY OF STATE
14 JUL 29 PM 1:59

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