Division of Corporations

M14000001730

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SYMPHONY DIAGNOSTIC SERVICES NO. 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

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JUN - 2 2013
T. HAMPTON

COVER LETTER

TO: *Registration Section*
Division of Corporations

SUBJECT: Symphony Diagnostic Services No. 1, LLC
Name of Limited Liability Company

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:

Vincent Forgione
Name of Person

Trident USA Health Services
Firm/Company

930 Ridgebrook Road, 3rd Floor,
Address

Sparks, MD 21152
City/State and Zip Code

vincent.forgione@tridentusahealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent Forgione at (800) 786-8015 x76209
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

CR2E062 (2/14)

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: Symphony Diagnostic Services No, 1,

SECOND: The Florida Document number of the limited liability company is: M14000001730

THIRD: Document to be corrected is:
Application by Foreign LLC for Authorization 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:
The FEI number provided on the application by the limited liability company to transact business in Florida contained a typographical error. The correct FEI number is: 96-3266960.

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.

John Ramies CFO — May 29, 2014
Signature of Authorized Representative — Date

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

CR2E062 (2/14)

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