

# L 12000134306

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(Requestor's Name)

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(City/State/Zip/Phone #)

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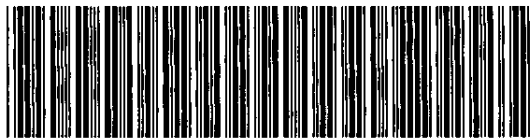
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\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV - 1 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALMS ORTHOPEDICS 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:

SCOTT E. ITKIN

Name of Person

SOUTH FLORIDA TAX

Firm/Company

5001 S UNIVERSITY DRIVE, STE B

Address

DAVIE, FL 33328

City/State and Zip Code

DRV@PAINANDREHABCENTERS.COM

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

For further information concerning this matter, please call:

SCOTT E. ITKIN

Name of Person

at ( 954 )

458-2000

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)

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12 OCT 31 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:  
**PALMS ORTHOPEDICS 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:  
**SEE ATTACHED STATEMENT**

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**OR**



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

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Dated: OCTOBER 24, 2012

*William Vanderbrook*

Signature of a member or authorized representative of a member

**WILLIAM VANDERBROOK**

Typed or printed name of signee

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

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

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect and the corrected statement are as follows:

1. The name of the entity is incorrect. The correct name should be Palm Orthopedics & Rehabilitation LLC.

2. The managing members are incorrect.

A. William Vanderbrook should be listed as a managing member with a name and address of William Vanderbrook, D.C., 5458 Town Center Road, Suite 104-B, Boca Raton, Florida 33486.

B. Louis Starace should be listed as a managing member with a name and address of Louis Starace, M.D., 5458 Town Center Road, Suite 104-B, Boca Raton, Florida 33486.

C. William Jensen was omitted as a managing member and he should be listed as a managing member with a name and address of William Jensen, D.C., 5458 Town Center Road, Suite 104-B, Boca Raton, Florida 33486.

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

L12000134306  
FILED 8:00 AM  
October 22, 2012  
Sec. Of State  
bbostick

**Article I**

The name of the Limited Liability Company is:  
PALMS ORTHOPEDICS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5458 TOWN CENTER ROAD  
SUITE 104B  
BOCA RATON, FL. US 33486

The mailing address of the Limited Liability Company is:  
5458 TOWN CENTER ROAD  
SUITE 104B  
BOCA RATON, FL. US 33486

**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:  
SOUTH FLORIDA TAX, INC.  
5001 S UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL. 33328

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: SCOTT E ITKIN

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
WILLIAM VANDERBROOK  
5458 TOWN CENTER ROAD STE 104B  
BOCA RATON, FL. 33486 US

Title: MGRM  
LOUIS STARACE  
5458 TOWN CENTER ROAD STE 104B  
BOCA RATON, FL. 33486 US

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FILED 8:00 AM  
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bbostick

**Article VI**

The effective date for this Limited Liability Company shall be:

10/22/2012

Signature of member or an authorized representative of a member

Electronic Signature: WILLIAM VANDERBROOK

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.