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And the

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRS'	The name of the limited liability company is: Advanced Therapeutic Solutions of Florida	LLC		
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(CF	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	TATEME	NT	
X	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: The Name "Shaund Resch" under Alfides IV & IV is incorrected to the statement are as follows:			_
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	all references to ShowN Resch to La Shondra R			_
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	<u>OR</u>			
	Was defectively signed. The manner in which the document was defective the appropriate correction is as follows:	ly signed	l and	_
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Dated	March 18 2005	E ILORIDA	AH 10: 52	
		I .		
	Signature of a member or authorized representative of a member			
	Shawn Resch			
	<u> </u>			

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L05000027079 FILED 8:00 AM March 17, 2005 Sec. Of State alunt

Article I

The name of the Limited Liability Company is:

ADVANCED THERAPEUTIC SOLUTIONS OF FLORIDA, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4103 PLUMBAGO PLACE LANTANA, FL. US 33462

The mailing address of the Limited Liability Company is:

4103 PLUMBAGO PLACE LANTANA, FL. US 33462

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:

SHAWN RESCH 4103 PLUMBAGO PLACE LANTANA, FL. 33462

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: SHAWN RESCH

Article V

The name and address of managing members/managers are:

Title: MGRM SHAWN RESCH 4103 PLUMBAGO PLACE LANTANA, FL. 33462 US

Title: MGRM ANTHONY RHODES 3220 STANDARD DRIVE MEMPHIS, TN. 38111 US

Signature of member or an authorized representative of a member Signature: SHAWN RESCH

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