# L050001145/3

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



300062246273

12/29/05--01028--001 \*\*30.00



J. BRIKANI DEC < Z 2005

## **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT: MILL	ENIUM MEDICAL C	ONSULTANTS L	LC (L05000114513)	
	(Name	of Limited Liability Co	ompany)	
Dear Sir or Madam:				
The enclosed Article	s of Correction and fee(s)	are submitted for filing		
Please return all corr	espondence concerning thi	s matter to the followin	eg:	
MARCIA A. LI.	IEWSKI			E 2
IVIANCIA A. LIC	(Name of Person)			要意
	,			長星 田 五
MILLENNIUM M	EDICAL CONSULTAI	NTS LLC		長9 三 三
	(Firm/Company)		<del></del>	FILED PH JEC 19 PH LAHASSEE,
10/10 W/EST BAN	/ DRIVE, SUITE 4			FILED 2005 DEC 19 PM 3: 22 2005 DEC 19 PM 3: 22 TALLAHASSEE, FLORIDA
1340 WEST DAT	(Address)			
	(1331000)			용등 22
LARGO, FLA. 33	3770			D 35
	(City/State and Zip Code)		<del>-</del> .	••
For further information	on concerning this matter,	please call:		
R. SCOTT REPIN	ISKI	at (727	698-2775	
(Na	me of Person)	(Area Code &	& Daytime Telephone Number)	
STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente Callahassee, Florida C	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
□ \$25 Filing Fee	☑ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05).

#### 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

<mark>busine</mark> in Flori	ss days to correct the <u>attached</u> articles of organization or application to transact business ida.
FIRST MILLENI	The name of the limited liability company is:  UM MEDICAL CONSULTANTS LLC (LO5000114513)
SECO	ND: The articles of organization or the application to transact business
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
<u> </u>	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  The articles of organization filed on 11/28/05 misspelled the name of the LLC. See Attached.
	The correct name of this LLC is "MILLENNIUM MEDICAL CONSULTANTS LLC"
	In addition, the correct spelling of the member names are "Alexander R. Lijewski" and "Marcia A. Lijewski"
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	·
	Marcia a. Kijewskie
	Signature of a member or authorized representative of a member
	MARCIA A. LIJEWSKI

Typed or printed name of signee

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

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

L05000114513 FILED 8:00 AM November 29, 2005 Sec. Of State mthomas

#### Article I

-The name of the Limited Liability Company is:

MILLENIUM MEDICAL CONSULTANTS LLC

CORRECT SPECIENCE IS "MILLENNIUM

#### Article II

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

1940 WEST BAY DRIVE SUITE 4 LARGO, FL. 33770

The mailing address of the Limited Liability Company is:

1940 WEST BAY DRIVE SUITE 4 LARGO, FL. 33770

#### **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:

ALEXANDER LIJEWSKI 1940 WEST BAY DRIVE SUITE 4 LARGO, FL. 33770

LARGO, FL. 33770

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.

position as registered agent.

Registered Agent Signature: ALEXANDER LIJEWSKI



#### Article V

The name and address of managing members/managers are:

Title: MGRM R.
ALEXANDER LIJEWSKI
1940 WEST BAY DRIVE
LARGO, FL. 33770

L05000114513 FILED 8:00 AM November 29, 2005 Sec. Of State mthomas

MARCIA A

Title: MGRM
-MARSHA- LIJEWSKI
1940 WEST BAY DRIVE
LARGO, FL. 33770

#### **Article VI**

The effective date for this Limited Liability Company shall be: 11/28/2005

Signature of member or an authorized representative of a member Signature: R. SCOTT REPINSKI

