

LOS000123567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

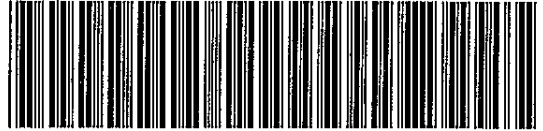
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LOS-123567  
OK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J. RUSSELL & ASSOCIATES MEDICAL LEGAL CONSULTANT 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:

JANN M. RUSSELL  
(Name of Person)

(Firm/Company)

1742 SPLIT FORK DR  
(Address)

OLDSMAR FLORIDA 34677-2767  
(City/State and Zip Code)

For further information concerning this matter, please call:

JANN M. RUSSELL at ( 727 ) 385 8001  
(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

2006 JAN 13 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

J. RUSSELL & ASSOCIATES MEDICAL LEGAL CONSULTANT 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:

J. RUSSELL & ASSOCIATES MEDICAL LEGAL CONSULTANT LLC

NAME TOO LONG

CHANGE NAME TO: RUSSELL & ASSOCIATES LLC

**OR**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 JAN 13 AM 11:03

FILED

Dated: 1-9-06

Jane M. Russell

Signature of a member or authorized representative of a member

JANE M. RUSSELL

Typed or printed name of signee

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

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

L05000123567  
FILED 8:00 AM  
December 30, 2005  
Sec. Of State  
mhodges

**Article I**

The name of the Limited Liability Company is:

J. RUSSELL & ASSOCIATES, MEDICAL LEGAL CONSULTANTS,  
LLC

**Article II**

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

1742 SPLIT FORK DR  
OLDSMAR, FL. US 34677

The mailing address of the Limited Liability Company is:

1742 SPLIT FORK DR  
OLDSMAR, FL. US 34677

**Article III**

The purpose for which this Limited Liability Company is organized is:

CERTIFIED LEGAL NURSE CONSULTANT REVIEWING MEDICAL RELATED  
CASES FOR ATTORNEYS, INSURANCE COMPANIES, MEDICAL  
FACILITIES ETC.

**Article IV**

The name and Florida street address of the registered agent is:

JANN M RUSSELL  
1742 SPLIT FORK DR  
OLDSMAR, FL. 34677

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: JANN M. RUSSELL

**Article V**

The effective date for this Limited Liability Company shall be:

12/26/2005

Signature of member or an authorized representative of a member

Signature: JANN M. RUSSELL