

L060000010377

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORRECTIONAL HEALTH ALLIANCE, 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:

WILLIAM R. HUSEMAN, ESQ.

(Name of Person)

HUSEMAN & MARQUINEZ, P.A.

(Firm/Company)

3733 UNIVERSITY BLVD. WEST SUITE 210-B

(Address)

JACKSONVILLE, FL 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM R. HUSEMAN, ESQ.

(Name of Person)

at (904) 448-5552

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

WILLIAM R. HUSEMAN, ESQ.
HUSEMAN & MARQUINEZ, P.A.
3733 UNIVERSITY BLVD. WEST, STE. 210-B
JACKSONVILLE, FL 32217

SUBJECT: CORRECTIONAL HEALTH ALLIANCE, LLC
Ref. Number: L06000010377

We have received your document for CORRECTIONAL HEALTH ALLIANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 706A00011884

**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:
CORRECTIONAL HEALTH ALLIANCE, LLC

LLC-10377

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:
Incorrectly listed the name John Longfield-Smith as a member.

The Articles of Organization should list Stephen F. Weir as the only Member
of the LLC.

OR

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

Dated: January 6, 2006

Signature of a member or authorized representative of a member

WILLIAM R. HUSEMAN

Typed or printed name of signee

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 13 PM 4:25

APPROVED
AND
FILED