

LD6000026232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

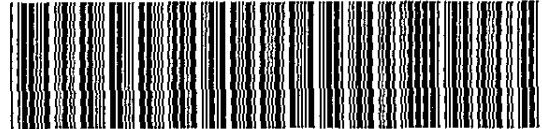
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06 APR 28 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: TALLAHASSEE ALLERGY, ASTHMA & IMMUNOLOGY, LC**  
(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:

Charles W. Callahan, III, Esq.  
4832 W. Sunset Blvd.  
Tampa, Florida 33629

For further information concerning this matter, please call:  
Charles W. Callahan, III at 813-367-6002

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
266T 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

**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:

**TALLAHASSEE ALLERGY, ASTHMA & IMMUNOLOGY, LC**

**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:

The name of the entity is incorrect due to a scrivner's error. The correct name of the entity should be as follows:

Tallahassee Allergy, Asthma & Immunology, professional limited compa

**OR**

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

Dated: April 13, 2006



Signature of a member or authorized representative of a member

Charles W. Callahan, III, Esq.

Typed or printed name of signee

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**

CR2E062 (08/05)

06 APR 28 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

L06000026232  
FILED 8:00 AM  
March 13, 2006  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

TALLAHASSEE ALLERGY, ASTHMA & IMMUNOLOGY, LC

**Article II**

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

1708 RIGGINS RD.  
TALLAHASSEE, FL. US 32308

The mailing address of the Limited Liability Company is:

1714 MAHAN CENTER BLVD  
TALLAHASSEE, FL. US 32308

**Article III**

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

TO PROVIDE PATIENTS WITH MEDICAL CARE IN THE FIELDS OF  
ALLERGY, ASTHMA, AND IMMUNE DISORDERS.

**Article IV**

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

BRIAN G WILSON  
1714 MAHAN CENTER BLVD  
TALLAHASSEE, FL. 32308

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: BRIAN G. WILSON

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
BRIAN G WILSON  
1714 MAHAN CENTER BLVD  
TALLAHASSEE, FL. 32308 US

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March 13, 2006  
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### **Article VI**

The effective date for this Limited Liability Company shall be:

03/12/2006

Signature of member or an authorized representative of a member

Signature: BRIAN G. WILSON