

LO6000038354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2006 APR 13 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2006 APR 13 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 13 PM 12:46



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032
REFERENCE : 984623 7530056
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
2006 APR 13 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 13, 2006
ORDER TIME : 12:28 PM
ORDER NO. : 984623-005
CUSTOMER NO: 7530056

DOMESTIC AMENDMENT FILING

NAME: FAITH HEALTH MANAGED CARE LLC

EFFECTIVE DATE:

XX ARTICLES OF CORECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2006

SUSIE
CSC

SUBJECT: FAITH HEALTH MANAGED CARE LLC
Ref. Number: L06000038354

RESUBMIT

Please give original
submission date as file date.

We have received your document for FAITH HEALTH MANAGED CARE LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

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

The registered agent must sign accepting the designation.

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: 806A00025263

FILED
2006 APR 13 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
06 APR 14 06 APR 14 AM 9:47
DIVISION OF BUSINESS AND CORPORATIONS

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
2006 APR 13 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
FAITH HEALTH MANAGED CARE 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:
THE PRINCIPAL ADDRESS, MAILING ADDRESS, REGISTERED AGENT AND AGENT
ADDRESS ARE ALL INCORRECT. THE CORRECT ADDRESS FOR ALL OF THE ABOVE IS:
1733 EAST HALLANDALE BEACH BOULEVARD, HALLANDALE BEACH, FL 33009
THE CORRECT REGISTERED AGENT NAME AT THAT ADDRESS IS: ALBERT SANT ANTONIO

OR

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

Dated: APRIL 13, 2006

/S/ Albert Sant Antonio
Signature of a member or authorized representative of a member
ALBERT SANT ANTONIO

Typed or printed name of signee

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

FAITH HEALTH MANAGED CARE LLC

Having been named as registered agent and to accept service of process for the above stated at the place designed 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: /S/ Albert Sant Antonio

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

L06000038354
FILED 8:00 AM
April 12, 2006
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
FAITH HEALTH MANAGED CARE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
220 GOLDEN BEACH DR
GOLDEN BEACH, FL. 33160

The mailing address of the Limited Liability Company is:
220 GOLDEN BEACH DR
GOLDEN BEACH, FL. 33160

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:
DEAN DI BARTOLOMEO
8400 BIRD ROAD
MIAMI, FL. 33155

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: DEAN DI BARTOLOMEO

Signature of member or an authorized representative of a member

Signature: ALBERT SANT ANTONIO