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#### **COVER LETTER**

| Division of  | Corporations   |   | -   | ٠                                     | -             |
|--|--|---|---|---------------------------------------|---------------|
| SUBJECT: MB  | MEDICAL GROU   | JP, L.L.C.  | <del>.</del>  | · · · · · · · · · · · · · · · · · · · |               |
|  | (Name o  | of Limited Liability Co   | mpany)  |                                       |               |
| Dear Sir or Madam:   |  |   |   |                                       |               |
| The enclosed Article   | es of Correction and fee(s) a                                  | are submitted for filing.   |   |                                       |               |
| Please return all cor  | respondence concerning this                                    | s matter to the followin  | ıg:   |                                       |               |
| Richard Lore   | enzo, Esq.<br>(Name of Person)                                 |   | <del></del>   | SECRE<br>TALLAH                       | 2006 AU       |
| Law Office of  | Richard Lorenzo, F   | P.A.  | - ·   | TARY OF S<br>ASSEE, FL                | 6 16 P 12: 3: |
| 4649 Ponce D   | De Leon Blvd., #305  | <u> </u>  | <del>-</del> -·   | TATE<br>ORUD                          | S<br>S        |
| Coral Gables,  | FL 33146 (City/State and Zip Code) ion concerning this matter, | please call:  | <u> </u>  | •                                     |               |
| Richard Loren:   | zo, Esq.<br>lame of Person)                                    | at ( 305<br>(Area Code &  | 529-9199<br>& Daytime Telephone Nu                      | ımber)                                | <del></del>   |
| 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                                       | :   |   |                                       |               |
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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 <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

| FIRST<br>M B Me |                   | The name of the limited liability company is:  |  |  |
|-----------------|-------------------|--|--|--|
| SECO            | <u>ND</u> :       | The articles of organization or the application to transact business   |  |  |
| (CH             | ECK T             | HE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT   |  |  |
| _               | incorre           | ns an incorrect statement. The incorrect statement, the reason the statement is ect, and the corrected statement are as follows: tial Managing Member (Pamela Merino, M.D. P.A.) and Manager (Angel Betancourt, M.D. P.A.) |  |  |
|                 | were in           | ncorrectly listed as P.A. The correct statement of the members should be as dividuals  |  |  |
|                 | Pamel             | la Merino, M.D. MGRM (15900 SW 82nd Ave., Palmetto Bay, F  |  |  |
|                 | Angel             | Betancourt, M.D. MGR (8950 N. Kendall Dr., Suite #304, Miami, FE 39176)  |  |  |
|                 | <u>OR</u>         | LORID<br>LORID   |  |  |
|                 | Was de<br>the app | defectively signed. The manner in which the document was defectively signed ppropriate correction are as follows:  |  |  |
|                 |                   |  |  |  |
|                 |                   |  |  |  |
|                 |                   |  |  |  |
| Dated:          | Augus             | st 10th, 2006  |  |  |
|                 |                   | Signature of a member or authorized representative of a member   |  |  |
|                 |                   | Richard Lorenzo, Esq.  Typed or printed name of signee   |  |  |
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**Number of Certificates of Status** 

Number of Certified Copies

Limited Liability Company Name M B MEDICAL GROUP, L.L.C.

**Principal Place of Business** 

\ddress 15900 SW 82ND AVE.

Suite, Apt. #, etc.

City, State PALMETTO BAY, FL

Zip Code & Country 33157, US

#### **Mailing Address**

Limited liability company mailing address same as principal address.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) PAMELA, MERINO, ,

Address 15900 SW 82ND AVE.

Suite, Apt. #, etc.

City, State PALMETTO BAY, FL

Zip Code & Country 33157, US

Registered Agent Signature PAMELA MERINO, M.D.

### **Limited Liability Purpose**

ANY AND ALL LAWFUL BUSINESS.

#### **Correspondence Name And E-mail Address**

Name and e-mail address to whom correspondence should be e-mailed

Name PAMELA MERINO, M.D.

E-mail Address ANGELYPAM@AOL.COM

Signature of a member or an authorized representative of a member. Signature PAMELA MERINO, M.D.

**Managing members or Managers Name And Address** 

l'itle

MGRM

Entity Name to serve as MGR or MGRM

PAMELA MERINO, M.D.P.A.

Street Address

15900 SW 82ND AVE.

City, State

PALMETTO BAY, FL

Lip Code & Country

33157, US

l'itle

**MGR** 

Entity Name to serve as MGR or MGRM

ANGEL BETANCOURT, M.D.P.A.

street Address

8950 N. KENDALL DR. SUITE 304

'ity, State

MIAMI, FL

/ip Code & Country

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