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DIVISION OF COM.

J. BRYAN

AUG 2 5 2006

COVER LETTER

		ration Section on of Corporations	
SUBJEC	ст: <u>Р</u>	REMIER HEALTHCARE MANAGEMENT	, LLC.
		(Name of Limited Liability Con	npany)
Dear Sir	or Mad	lam:	
The encl	osed A	rticles of Correction and fee(s) are submitted for filing.	
Please re	turn all	correspondence concerning this matter to the following	;
KEITH	1 SMI		
		(Name of Person)	
		(Firm/Company)	•
7837 J	UNIPI	ER STREET (Address)	
MIRAM	MAR, F	FL 33023 (City/State and Zip Code)	
For furth	er info	rmation concerning this matter, please call:	
KEITH	SMITH	dat (_ 954	655-6945
			Daytime Telephone Number)
Registrat Division Clifton B 2661 Exe	tion Sec of Cor Building ecutive	ction porations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	d is a cl	neck for the following amount:	
□ \$25 F	iling Fe	Certificate of Status \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

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 within the required 39 business days to correct the attached articles of organization or application to transact business

in Piori		
FIRST PREMIE	: The name of the limited liability company is:	֓֞֝֝֞֝֝֞֝֝֝֓֓֓֝֝֡֜֝֝֡֡֝֝֡֓֓֓
SECO (CH	ND: The articles of organization or the application to transact business ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	7
7	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: NAME OF PARTNER SPELT WRONG. NAME LISTED ON LLC AS MICHAEL CORBIN IS MICHAEL KARBAN	<i>}</i> .
	ADDRESS OF MICHAEL KARBAN IS 1200 ARTHUR STREET, HOLLYWOOD, FL 33019-3118 AND NO	T
	261 NW 35 STREET, OAKLAND PARK, FL 33309.	
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	_
		_
		_
Dated:	AUGUST 22ND , 2006	
	Signature of a member or authorized representative of a member	
	KEITH SMITH	
	Typed or printed name of signee	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

Electronic Articles of Organization For Florida Limited Liability Company

L06000080265 FILED 8:00 AM August 15, 2006 Sec. Of State gharvey

Article I

The name of the Limited Liability Company is: PREMIER HEALTHCARE MANAGEMENT, LLC.

Article II

The street address of the principal office of the Limited Liability Company is: 1200 ARTHUR STREET HOLLYWOOD, FL. 33019

The mailing address of the Limited Liability Company is:

1200 ARTHUR STREET HOLLYWOOD, FL. 33019

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:

KEITH A SMITH 7837 JUNIPER STREET. MIRAMAR, FL. 33023

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: KEITH SMITH



Article V

The name and address of managing members/managers are:

Title: MGR KEITH A SMITH 7837 JUNIPER STREET MIRAMAR, FL. 33023

Title: MGR MICHAEL CORBIN 261 NW 35 STREET OAKLAND PARK, FL. 33309

3309 Article VI

The effective date for this Limited Liability Company shall be: 08/15/2006

Signature of member or an authorized representative of a member Signature: KEITH SMITH

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DIVISION OF CORPORATIONS
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