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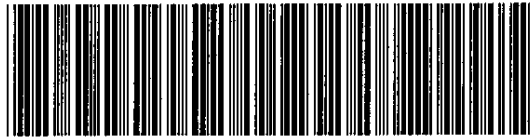
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hershorin & Henry, LLP

ATTORNEYS AT LAW

27422 Portola Parkway, Suite 360
Foothill Ranch, California 92610
Telephone (949) 859-5600
Facsimile (949) 859-5680

October 4, 2006

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: **American Medical Care Financial, LLC**
Articles of Correction

Dear Registration Personnel:

Enclosed please find the following documents.

- an original and two copies of the Articles of Correction form for the above-referenced entity;
- a check in the amount of \$55.00; and
- a prepaid self addressed envelope.

Please file the original and return a certified copy in the enclosed self addressed envelope. If you have any questions regarding our submission, please do not hesitate to call me.

Very truly yours,

HERSHORIN & HENRY, LLP



David M. Hershorin

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN MEDICAL CARE FINANCIAL, 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:

DAVID M. HERSHORIN, ESQ.

(Name of Person)

HERSHORIN & HENRY, LLP

(Firm/Company)

27422 Portola Parkway, Suite 360

(Address)

Foothill Ranch, CA 92610

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN HAGIN, ESQ.

(Name of Person)

at (949) 859-5600

(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

**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:
AMERICAN MEDICAL CARE FINANCIAL, 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 incorrect statement is: American Medical Care Financial, LLC

American Medical Care Financial, LLC is not the correct name of the limited liability corporation.

THE CORRECTED STATEMENT IS: FINANCE MEDICAL CARE, LLC

OR

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

Dated: October 3, 2006



Signature of a member or authorized representative of a member

DAVID HERSHORIN

Typed or printed name of signee

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

FILED
06 OCT -5 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L06000093744
FILED 8:00 AM
September 25, 2006
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
AMERICAN MEDICAL CARE FINANCIAL, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
P.O. BOX 1210
SHALIMAR, FL. 32579

The mailing address of the Limited Liability Company is:
P.O. BOX 1210
SHALIMAR, FL. 32579

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:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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: SUE G. KNIGHT

Signature of member or an authorized representative of a member

Signature: DAVID HERSHORIN