

LO7 000005723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

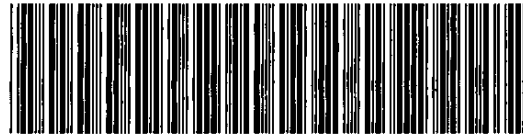
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LO7-5723



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FILED
07 FEB -5 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOSSIM Ibrahima MD PLLC
(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:

NAGWA Malek
(Name of Person)

(Firm/Company)

1203 BAY DR
(Address)

BELLEAIR BEACH, FL 33786
(City/State and Zip Code)

For further information concerning this matter, please call:

NAGWA Malek at (727) 461-7000
(Name of Person) (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

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TALLAHASSEE, FLORIDA

**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:

HOSSIM IBRAHIM MD PLLC

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:

"HOSSIM IBRAHIM MD PLLC", WAS SPELLED
INCORRECTLY. THE CORRECT SPELLING
should be: "HOSSAM IBRAHIM MD PLLC".
HOSSAM IS SPELLED INCORRECTLY ON ORIGINAL
FORMS - SEE ATTACHED.

OR



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

Dated: 1-20-07

NAGWA MALEK

Signature of a member or authorized representative of a member

NAGWA MALEK

Typed or printed name of signee

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status

HOSSAM

^

I certify from the records of this office that HOSSIM IBRAHIM MD PLLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on January 17, 2007.

The document number of this company is L07000005723.

I further certify that said company has paid all fees due this office through December 31, 2007, and its status is active.

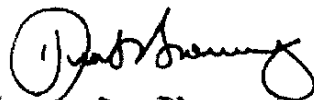
I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 070117092942-200084694292#1

07 FEB -5 PM 2:06
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Seventeenth day of January, 2007




Karl S. Browning
Secretary of State

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

L07000005723
FILED 8:00 AM
January 17, 2007
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

HOSSAM IBRAHIM MD PLLC


HOSSAM

Article II

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

613 S MYRTLE AVE
CLEARWATER, FL. 56 33756

The mailing address of the Limited Liability Company is:

1203 BAY DR
BELLEAIR BEACH, FL. 33786

Article III

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

LICENSED MEDICAL PROFESSIONAL

Article IV

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

NAGWA MALEK
1203 BAY DR
BELLEAIR BEACH, FL. 33786

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: NAGWA MALEK

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
HOSSAM IBRAHIM
1203 BAY DR
BELLEAIR BEACH, FL. 33786

Signature of member or an authorized representative of a member

Signature: NAGWA MALEK



HOSSAM

L07000005723
FILED 8:00 AM
January 17, 2007
Sec. Of State
jbryan

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TALLAHASSEE, FLORIDA