

LO7000030695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO7-30695

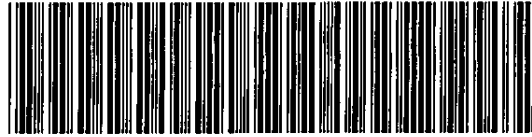
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Urgent Care Center of Westchester, LLC, L07000030695

(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:

Reid M Christensen

(Name of Person)

Urgent Care Physicians of South Florida, LLC

(Firm/Company)

8660 W. Flagler St. #200

(Address)

Miami, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Reid M Christensen

(Name of Person)

at ( 305 ) 227-5176

(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:  
Urgent Care Center of Westchester, LLC, L07000030695

**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 name should be changed to: Urgent Care Physicians of West Kendall, LLC

Also, under Article IV, the manager managed box should be checked and please remove

Urgent Care Physicians of South Florida, LLC as a manager and add

David R Nateman, MD, Manager, 8660 W. Flagler St., #200, Miami, FL 33144 as the manager.

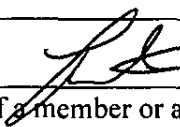
**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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07 APR 13 AM 10:17  
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TALLAHASSEE, FLORIDA

Dated: April 12, 2007

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lorn Leitman, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee

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

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

L07000030695  
FILED 8:00 AM  
March 21, 2007  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
URGENT CARE CENTER OF WESTCHESTER, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
8660 W. FLAGLER ST., #200  
MIAMI, FL. 33144

The mailing address of the Limited Liability Company is:  
8660 W. FLAGLER ST., #200  
MIAMI, FL. 33144

**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:  
LORN LEITMAN  
8660 W. FLAGLER ST., #200  
MIAMI, FL. 33144

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: LORN LEITMAN

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
URGENT CARE CENTERS OF SOUTH FLORIDA, LLC  
8660 W. FLAGLER ST., #200  
MIAMI, FL. 33144

L07000030695  
FILED 8:00 AM  
March 21, 2007  
Sec. Of State  
jbryan

### **Article VI**

The effective date for this Limited Liability Company shall be:

03/21/2007

Signature of member or an authorized representative of a member

Signature: LORN LEITMAN