

L07000077963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

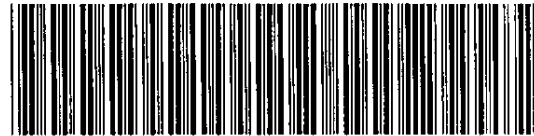
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RECEIVED
07 AUG - 1 PM 12:45
STATE
DEPARTMENT OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 AUG - 1 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 029600 7600825

AUTHORIZATION :

COST LIMIT : \$25.00

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : July 27, 2007

ORDER TIME : 11:23 AM

ORDER NO. : 029600-005

CUSTOMER NO: 7600825

DOMESTIC AMENDMENT FILING

NAME: MEDPROFESSIONALS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS: _____

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
07 AUG - 1 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Medprofessionals, 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:
Article V - Name reads Ruby A Roy - The name should be:

Ruby Ann Roy

OR

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

Dated: August 1, 2007

/s:/Ruby Ann Roy

Signature of a member or authorized representative of a member
Ruby Ann Roy

Typed or printed name of signee

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

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

L07000077963
FILED 8:00 AM
July 30, 2007
Sec. Of State
dcurry

Article I

The name of the Limited Liability Company is:
MEDPROFESSIONALS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2900 SOMERSWORTH CT
ORLANDO, FL. US 32835

The mailing address of the Limited Liability Company is:
2900 SOMERSWORTH CT
ORLANDO, FL. US 32835

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: DOREEN F WALLACE

Article V

The name and address of managing members/managers are:

Title: MGRM
RUBY A ROY
2900 SOMERSWORTH CT
ORLANDO, FL. 32835 US

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July 30, 2007
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Signature of member or an authorized representative of a member

Signature: RUBY ANN ROY