

LO7000098388

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(Address)

(City/State/Zip/Phone #)

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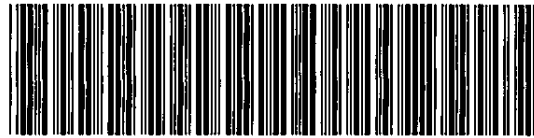
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DIVISION OF CORPORATIONS  
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JB

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KATHLEEN GALATRO, MD, PLC

(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:

CHRISTOPHER MARSALA, ESQ.

(Name of Person)

CARDILLO KEITH & BONAQUIST, P.A.

(Firm/Company)

3550 TAMiami TRAIL EAST

(Address)

NAPLES, FL 34112

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER MARSALA, ESQ.

(Name of Person)

at ( 239 ) 774-2229

(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

CR2E062 (08/05)

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**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:  
KATHLEEN GALATRO, MD, PLC

**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 OF THE PLC IS INCORRECT IN THAT KATHLEEN GALATRO IS A DO AND NOT AND MD

\_\_\_\_\_  
THE ORGANIZER INCORRECTLY DESIGNATED THE MEMBER AS AN MD AND INSTEAD OF A DO


\_\_\_\_\_  
THEREFORE THE NAME OF THE PLC SHOULD BE KATHLEEN GALATRO, DO, PLC

**OR**

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

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

Dated: October 3, 2007

  
Signature of a member or authorized representative of a member

CHRISTOPHER MARSALA, ESQ.

\_\_\_\_\_  
Typed or printed name of signer

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

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

L07000098388  
FILED 8:00 AM  
September 26, 2007  
Sec. Of State  
dcurry

**Article I**

The name of the Limited Liability Company is:  
KATHLEEN GALATRO, MD, PLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3435 PINE RIDGE ROAD  
SUITE 201  
NAPLES, FL. US 34109

The mailing address of the Limited Liability Company is:  
3435 PINE RIDGE ROAD  
SUITE 201  
NAPLES, FL. US 34109

**Article III**

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

**Article IV**

The name and Florida street address of the registered agent is:  
KATHLEEN GALATRO  
3435 PINE RIDGE ROAD  
SUITE 201  
NAPLES, FL. 34109

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: KATHLEEN GALATRO

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07 OCT 12 PM 12:55

## Article V

The name and address of managing members/managers are:

Title: MGRM  
KATHLEEN GALATRO  
3435 PINE RIDGE ROAD, SUITE 201  
NAPLES, FL. 34109 US

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September 26, 2007  
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Signature of member or an authorized representative of a member

Signature: KATHLEEN GALATRO

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