

LO7000105229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

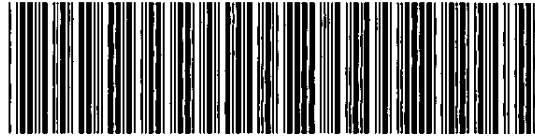
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAMILY MEDICAL AND WELLNESS CENTER 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:

BEATRIZ DE LA RUA

(Name of Person)

FROELICH & DE LA RUA CPA FIRM

(Firm/Company)

12008 SOUTH SHORE BLVD SUITE 211

(Address)

WELLINGTON FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

BEATRIZ DE LA RUA

(Name of Person)

at ( 561 ) 795-9500

(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)

FILED  
07 NOV 15 AM 10:44  
SECRETARY OF STATE  
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:  
FAMILY MEDICAL AND WELLNESS CENTER 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:

INCORRECT SPELLING OF NAME & ADDRESS FOR MGRM MEMBER. CORRECTED BELOW:

LESLEY NICHOLE GLOVER 2061 VINNINGS CIRCLE APT 1411

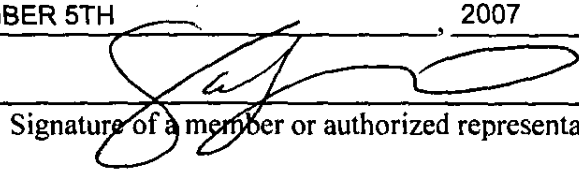
WELLINGTON FL 33414

**OR**

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

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

Dated: NOVEMBER 5TH, 2007

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

VANESSA VISCAINO

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

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

**FILED**  
07 NOV 15 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L07000105229  
FILED 8:00 AM  
October 17, 2007  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
FAMILY MEDICAL AND WELLNESS CENTER , LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4623 FOREST HILL BLVD  
SUITE 111  
LAKE WORTH RD, FL. 33415

The mailing address of the Limited Liability Company is:  
4623 FOREST HILL BLVD  
SUITE 111  
LAKE WORTH RD, FL. 33415

**Article III**

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

**Article IV**

The name and Florida street address of the registered agent is:  
FROEHLICH & DE LA RUA CPA FIRM  
12008 SOUTHSORE BLVD  
SUITE 211  
WELLINGTON, FL. 33414

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: BEATRIZ DE LA RUA, CPA

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
VANESSA VIZCAINO  
183 CATANIA WAY  
ROYAL PALM BEACH, FL. 33411

Title: MGRM  
LESLIE GLOVER  
2061 VININGS CIRCLE  
WELLINGTON, FL. 33414

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FILED 8:00 AM  
October 17, 2007  
Sec. Of State  
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### **Article VI**

The effective date for this Limited Liability Company shall be:

10/17/2007

Signature of member or an authorized representative of a member

Signature: BEATRIZ DE LA RUA