

**L08000010996**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB -4 PM 2:05

B. Tadlock FEB 05 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Optimal Anti-aging HBT Medical 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:

Joseph M. OSSORIO, M.D.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 562966  
(Address)

Miami, FL 33256  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph M. OSSORIO/  
Christina O'hare at (305) 267-7480  
(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

**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:  
Optmal Anti-aging HBT Medical 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:  
OPTMAL ANTI-AGING HBT MEDICAL CENTER, LLC,  
is not the correct name of the company,  
the correct name is, OPTIMAL ANTI-AGING  
HBT MEDICAL CENTER, LLC.

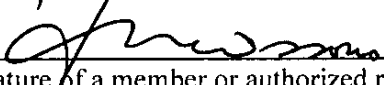
**OR**

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

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

08 FEB -4 PM 2:05  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated: January 31, 2008.

  
Signature of a member or authorized representative of a member

Joseph M. OSSORIO, M.D.

Typed or printed name of signee

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