

# L08000022436

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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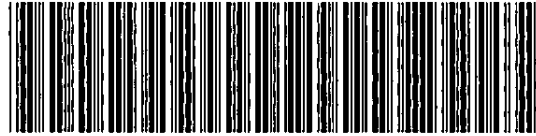
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(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

M. Thomas APR - 1 2008

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gulfstream Medical Services, 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:

Martha Threadgill  
(Name of Person)

Gulfstream Medical Services, LLC  
(Firm/Company)

3206 Parkside Center Circle  
(Address)

Tampa, FL 33619  
(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Threadgill at ( 813 ) 630-0442  
(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

CR2E062 (08/05)

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08 MAR 31 PM 4:06  
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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:

Gulfstream Medical Services, 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 lists 3 Managing Members and is incorrect because Mr. Babcock and Mr. Hollifield should not have

been listed as Managing Members. The corrected Article V should list only David Condon as a

managing member.

**OR**



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

Dated: March 21, 2008



Signature of a member or authorized representative of a member

David Condon, Managing Member

Typed or printed name of signee

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

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08 MAR 31 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L08000022436  
FILED 8:00 AM  
March 03, 2008  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
GULFSTREAM MEDICAL SERVICES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL. 33619

The mailing address of the Limited Liability Company is:  
3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL. 33619

**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:  
MARTHA H THREADGILL  
3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL. 33619

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: MARTHA THREADGILL

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TALLAHASSEE, FLORIDA

### Article V

The name and address of managing members/managers are:

Title: MGRM  
DAVID CONDON  
3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL. 33619

Title: MGRM  
WILLIAM M HOLLIFIELD  
3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL. 33619

Title: MGRM  
SCOTT BABCOCK  
3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL. 33619

### Article VI

The effective date for this Limited Liability Company shall be:

03/01/2008

Signature of member or an authorized representative of a member

Signature: DAVE CONDON

L08000022436  
FILED 8:00 AM  
March 03, 2008  
Sec. Of State  
jbryan

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08 MAR 31 PM 4:06  
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TALLAHASSEE, FLORIDA