

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF MAX A. ADAMS, ESQ.

Account Number : I20050000131

Phone

: (305)887-9060

Fax Number

: (305)888-3192

# LLC AMND/RESTATE/CORRECT OR M/MG RES

ATLANTIC FOOT AND ANKLE, LLC

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#### **COVER LETTER**

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TO: Registration Division o	on Section f Corporations			
suвјест: Atla	intic Foot and Anl	kle, LLC		
	· (Name	of Limited Liability Co	ompany)	
Dear Sir or Madam	:			
The enclosed Articl	es of Correction and fee(s)	are submitted for filing	-	
Please return all cor	respondence concerning th	is matter to the following	pg:	
Max A. Ada	ms, Esq. (Name of Person)		_	
The Law Offic	ces of Max A. Adan (Firm/Company)	ns, Esq., PLLC	_	F. C
10650 Paris S	St. (Address)	<del></del>	_	ECORE 188
Cooper City, I	FL 33026		·	08 MAR 21 AH 8: 32 SECRETARY OF STATE PALLAHASSEE, FLORIDA
For further informat	(City/State and Zip Code) for concerning this matter,	please call:		1 8:32 STATE ORIDA
Geoffrey (N	laine of Person)	at ( 305 (Area Code a	) 887-9060 & Daytime Telephone Number)	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Fallahassee, Florida	tions ter Circle 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tatlahassee, Florida 32314	,
	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)

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST Atlantic	<u>C</u> : The name of the limited liability company is: Foot and Ankle, LEC	
SECO	ND: The articles of organization or the application to transact business	
(CH	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
$\square$	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  The name and address of managing members/managers as listed in Article V is incorrect.	
	The correct little, name and address for said article is: "Title: MGRM, Brigette Smith, 92410 Overseas	
	Highway, Suite 1, Tavernier, FL 33070 US." As stated previously, the members name was	
	Incorrectly spelled as "Bridgette" rather than "Brigette".	08 MAR 21
	OR ARMA	123
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	AH 8: 32
		0
Dated:	March 21 2008	
	Signature of a member or authorized representative of a member	

Max A. Adams, Esq., Registered Agent and Incorporator

Typed or printed name of signee

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

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

L08000026431 FILED 8:00 AM March 12, 2008 Sec. Of State gharvey

#### Article I

The name of the Limited Liability Company is:
ATLANTIC FOOT AND ANKLE, LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

92410 OVERSEAS HIGHWAY SUITE 1 TAVERNIER, FL. US 33070

The mailing address of the Limited Liability Company is:

92410 OVERSEAS HIGHWAY SUITE I TAVERNIER, FL. US 33070

#### Article III

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

TO ENGAGE IN THE PROVISION OF PROFESSIONAL HEALTH SERVICES UNDER THE LAWS OF THE STATE OF FLORIDA.

# 08 MAR 21 AM 8: 32 SECHETARY OF STATE FALLAHASSEE, FLORING

#### Article IV

The name and Florida street address of the registered agent is:

THE LAW OFFICES OF MAX A. ADAMS, ESQ. PLLC 10650 PARIS ST. COOPER CITY, FL. 33026

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: MAX A. ADAMS, ESQ.

#### Article V

The name and address of managing members/managers are:

Title: MGRM BRIDGETTE SMITH 92410 OVERSEAS HIGHWAY, SUITE I TAVERNIER, FL. 33070 US

### Article VI

The effective date for this Limited Liability Company shall be: 03/12/2008

Signature of member or an authorized representative of a member Signature: GEOFFREY SCHUESSLER

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SECRETARY OF STATE