

LD8000082465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LD8-82465

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700135274977

09/05/08--01019--010 \*\*55.00

FILED  
08 SEP -5 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. ... SEP - 8 2008

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE PHYSICIAN ASSOCIATES, 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:

HESHAM HASSAN

(Name of Person)

(Firm/Company)

10971 SW FALL CREEK DR

(Address)

PORT ST LUCIE, FL 34987

(City/State and Zip Code)

For further information concerning this matter, please call:

HESHAM HASSAN

(Name of Person)

at ( 772 ) 812-4834

(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)

**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:  
SUNSHINE PHYSICIAN ASSOCIATES, 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:  
THE NAME OF THE LLC IS SUNSHINE PHYSICIAN ASSOCIATES, LLC. PLEASE CORRECT THE

NAME TO READ     SUNSHINE PHYSICIAN ASSOCIATES LLC

WITHOUT THE , AND THE . ( SO REMOVE THE , AND THE . FROM THE NAME). TO READ

EXACTLY AS IN THE LETTER OF EMPLOYER IDENTIFICATION NUMBER ENCLOSED.

**OR**

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

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

08 SEP - 5 PM 12: 15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

Dated: SEPTEMBER 03, 2008

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

HESHAM HASSAN

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

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

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

L08000082465  
FILED 8:00 AM  
August 28, 2008  
Sec. Of State  
alunt

**Article I**

The name of the Limited Liability Company is:  
SUNSHINE PHYSICIAN ASSOCIATES, LLC.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
10971SW FALL CREEK DR  
PORT SAINT LUCIE, FL. 34987

The mailing address of the Limited Liability Company is:  
10971SW FALL CREEK DR  
PORT SAINT LUCIE, FL. 34987

**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:  
HESHAM HASSAN  
10971 SW FALL CREEK DR  
PORT SAINT LUCIE, FL. 34987

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: HESHAM HASSAN

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
HESHAM HASSAN  
10971 SW FALL CREEK DR  
PORT SAINT LUCIE, FL. 34987

L08000082465  
FILED 8:00 AM  
August 28, 2008  
Sec. Of State  
alunt

### **Article VI**

The effective date for this Limited Liability Company shall be:

08/29/2008

Signature of member or an authorized representative of a member

Signature: HESHAM HASSAN