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To:
Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

DEC 15 2008

From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ADVANCE GASTROENTEROLOGY AND PULMONARY CARE, P.C.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advance Gastroenterology and Pulmonary Care, PL

(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:

Erin Smith Aebel, Esq.

(Name of Person)

Shumaker, Loop & Kendrick, LLP

(Firm/Company)

101 E. Kennedy Blvd., Suite 2800

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Melina Leite

(Name of Person)

at (813) 227-2261

(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 &
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☐ \$60 Filing Fee,
Certificate of Status &
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**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:
Advance Gastroenterology and Pulmonary Care, PL

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 Manager was misspelled. The correct spelling is Dr. Syed T. Bin-Sagheer

OR



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

Dated: December 12, 2008

Erin Smith Aebel

Signature of a member or authorized representative of a member

Erin Smith Aebel, Esq.

Typed or printed name of signee

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

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