

LD9 07000006385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

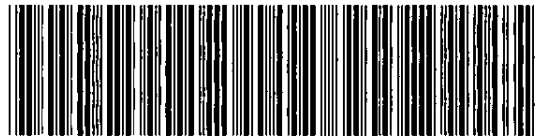
Special Instructions to Filing Officer:

L. SELLERS

FEB 26 2009

EXAMINER

Office Use Only



400142359374

02/02/09--01059--014 **25.00

FILED
09 FEB 26 AM 8:05
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IAME, 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:

A.C. Rao

(Name of Person)

IAME, LLC

(Firm/Company)

7041 Grand National Drive Ste. 200

(Address)

Orlando, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

A.C. Rao

(Name of Person)

at (347) 869-7495

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2009

A.C. RAO
7041 GRAND NATIONAL DRIVE, STE. 200
ORLANDO, FL 32819

SUBJECT: IAME, LLC
Ref. Number: L09000006385

We have received your document for IAME, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 509A00004016

**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: IAME, 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:

Add: A.C. Rao as managing member and Registered Agent
Remove: Rajiv Garg as managing member and Registered Agent

OR



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

Dated: January 26, 2009

Rajiv Garg
Signature of a member or authorized representative of a member

Rajiv Garg
Typed or printed name of signee

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



SPARTAN HEALTH SCIENCES UNIVERSITY
SCHOOL OF MEDICINE

TO WHOM SO EVER IT MAY CONCERN

I hereby am familiar with and accept the duties and responsibilities as registered agent for (IAME LLC)
said corporation / limited liability company.

A handwritten signature in black ink, appearing to read "Addagada C Rao".

Addagada C Rao, MD, FACS
President,
Spartan Health Sciences University.
1(516) 263 6001

FILED
09 FEB 26 AM 8:05
ST. LUCIA
TALANHA, ST. LUCIA