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Office Use Only

COVER LETTER

Division of	Corporations		
SUBJECT: Holly	wood Specialty F	Pathology Lab,	LLC
	(Name	of Limited Liability Co	ompany)
Dear Sir or Madam:			
The enclosed Articles	s of Correction and fee(s) a	are submitted for filing.	
Please return all corre	espondence concerning this	s matter to the following	ng:
Max Adams,	Esq. (Name of Person)		_
The Medi-Law	Firm (Firm/Company)		_
1400 Nw 10th			_
	(Address)		
Miami, FL 331	(City/State and Zip Code)		_
For further information	on concerning this matter,	please call:	
Geoffrey		at (_305_	549-7281
(Na	me of Person)	(Area Code &	& Daytime Telephone Number)
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons er Circle		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

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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANDE STATE. **CRETARY BE STATE.** **CRETARY

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 Hollywo	The name of the limited liability company is: pod Specialty Pathology Lab, LLC
SECO (CH	ND: The articles of organization or the application to transact business IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The address of the principal office, the mailing address, and the address of the registered agent should be amended to: 3850 Hollywood Blvd., Ste 201, Hollywood, FL 33021. The name of
	the managing member "Ivana Orlof" should be amended to "Ivanova Orloff".
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	January 28 Signature of a member or authorized representative of a member Max A. Adams, Esq., Incorporator
	Typed or printed name of signee Filing Fee: \$25.00

Filing Fee: Certified Copy:

\$30.00 (optional)

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L09000008105 FILED 8:00 AM January 23, 2009 Sec. Of State tcline

Article I

The name of the Limited Liability Company is:
HOLLYWOOD SPECIALTY PATHOLOGY LAB, LLC

Article II

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

3850 HOLLYWOOD BLVD. STE 301 HOLLYWOOD, FL. US 33021

The mailing address of the Limited Liability Company is:

3850 HOLLYWOOD BLVD. SUITE 301 HOLLYWOOD, FL. US 33021

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:

EDUARDO WEISS 3850 HOLLYWOOD BLVD. SUITE 301 HOLLYWOOD, FL. 33021

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: EDUARDO WEISS

Article V

The name and address of managing members/managers are:

Title: MGRM EDUARDO WEISS 3850 HOLLYWOOD BLVD., STE. 301 HOLLYWOOD, FL. 33021 US

Title: MGRM IVANA ORLOF 3850 HOLLYWOOD BLVD., STE.301 HOLLYWOOD, FL. 33021 US

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Article VI

The effective date for this Limited Liability Company shall be: 01/23/2009

Signature of member or an authorized representative of a member Signature: EDUARDO WEISS

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