L09000015989

(Req	uestor's Name)	<u> </u>
(Add	ress)	
(Add	ress)	
(City/	'State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



700144918757

03/09/09--01029--017 **30.00

PILED

09 MAR - 9 PM 2: 56

SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAR 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: PRE	MIERE HEARING	G CLINICS, LL	c	
	(Name c	f Limited Liability Co	mpany)	
Dear Sir or Madam:				
The enclosed Article	es of Correction and fee(s) a	re submitted for filing.		
Please return all corr	respondence concerning this	matter to the followin	g:	
ROBERT E	BONE JR			
	(Name of Person)		_	09 SEC
				HAR DREI
- 944	(Firm/Company)	•	-	9 MAR -9 PH 2: 56 SECRETARY OF STATE ALLAHASSEE, FLORID
701 W. MAIN	STREET		-	PH 2: 56 OF STATE E. FLORID
	(Address)		_	COR.
I EESRURG I	FLORIDA 34748			Opi o
LLLODONO, I	(City/State and Zip Code)		_	
For further informati	ion concerning this matter, p	olease call:		
ROBERT E BO	ONE JR	at (_352	315-0051	
(N	ame of Person)	(Area Code &	& Daytime Telephone Number)	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter 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	

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.

REMI	<u>F</u> : The name of the limited liability company is: ERE HEARING CLINICS, LLC	_
CO	ND: The articles of organization or the application to transact business	
<u>(CH</u>	HECK 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 ARTICLES OF ORGANIZATION INCORRECTLY STATE THE NAME OF THE LLC AS "PREMIER HEARING CLINICS, LLC	.н
	THE CORRECT NAME OF THE LIMITED LIABILITY COMPANY IS "PREMEAR HEARING CLINICS, LLC	
		-
	<u>OR</u>	
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
]	Was defectively signed. The manner in which the document was defectively signed and	-
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: The state of the signed and the appropriate correction are as follows: The state of the signed and the appropriate correction are as follows: The state of the signed and the appropriate correction are as follows: The state of the signed and the appropriate correction are as follows: The state of the signed and the appropriate correction are as follows: The state of the state of the signed and the appropriate correction are as follows: The state of the	

\$25.00

\$30.00 (optional)

Filing Fee:

Certified Copy:

Electronic Articles of Organization For Florida Limited Liability Company

L09000015989 FILED 8:00 AM February 17, 2009 Sec. Of State gmcleod

Article I

The name of the Limited Liability Company is: PREMIERE HEARING CLINICS, LLC

Article II

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

1011 S. 9TH STREET LEESBURG, FL. 34748

The mailing address of the Limited Liability Company is:

1011 S. 9TH STREET LEESBURG, FL. 34748

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:

WILLIAM B MAHAN JR 1011 S. 9TH STREET LEESBURG, FL. 34748

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: WILLIAM B. MAHAN, JR.

FILED

09 MAR -9 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Article V

.The name and address of managing members/managers are:

Title: MGRM WILLIAM B MAHAN JR 1011 S. 9TH STREET LEESBURG, FL. 34748

Title: MGRM JEFFERY D SMALT 2559 POPLAR STREET LEESBURG, FL. 34748

Signature of member or an authorized representative of a member Signature: ROBERT E BONE JR

L09000015989 FILED 8:00 AM February 17, 2009 Sec. Of State gmcleod

FILED

09 MAR -9 PM 2: 56

SECRETARY OF STATE