

02/27/2009 12:58

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PROFESSIONALSERVICES

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Division of Corporations

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LO 9000017441

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : PROFESSIONAL SERVICES  
Account Number : I20040000024  
Phone : (305) 446-2055  
Fax Number : (305) 446-3444

S. HAWKES

MAR 2 2009

EXAMINER

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMND/RESTATE/CORRECT OR M/MG RESIGN

MEDICAL CONSULTANTS OF 107 AVENUE LLC

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICAL CONSULTANTS OF 107 AVENUE 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:

FRANK DIAZ

(Name of Person)

PROFESSIONAL SERVICES LLC

(Firm/Company)

3128 CORAL WAY

(Address)

MIAMI, FL 33145-3210

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK DIAZ

(Name of Person)

at ( 786 ) 303-5010

(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)

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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:  
MEDICAL CONSULTANTS OF 107 AVENUE LLC

LO9-17441

**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:

incorrect SPELLING of the MGRM which was sent as : FRANK PADRON, MD

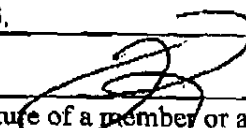
CORRECTED NAME OF MGRM IS : FRANCISCO PADRON, MD

**OR**



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

Dated: FEBRUARY 26, 2009

  
Signature of a member or authorized representative of a member

FRANK DIAZ

Typed or printed name of signee

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

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ALBANY, NEW YORK