

**L09000017901**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

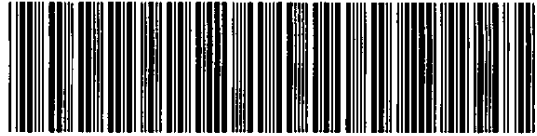
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**FILED**  
2009 MAR 11 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**MAR - 3 2009**

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Revenue Cycle Management Partners, 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:

Eric Sommer, Esq.  
(Name of Person)

Turner, Martin & Sommer, P.L.  
(Firm/Company)

37 North Orange Avenue, Suite 500  
(Address)

Orlando, FL 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eric Sommer, Esq. at ( 407 ) 926-2455  
(Name of Person) (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

March 3, 2009

ERIC SOMMER, ESQ.  
TURNER MARTIN & SOMMER, PL  
37 N. ORANGE AVE., STE. 500  
ORLANDO, FL 32801

SUBJECT: REVENUE CYCLE MANAGEMENT PARTNERS, LLC  
Ref. Number: L09000017901

We have received your document for REVENUE CYCLE MANAGEMENT PARTNERS, 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 be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 709A00007322

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

**FILED**

2009 MAR 11 PM 2:20

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.

SECRETARY OF STATE  
TREASURY DEPARTMENT  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is:  
REVENUE CYCLE MANAGEMENT PARTNERS, 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:  
Incorrect Statement: In Article V, the name of the MGRM is Catherine C. Sommer  
Correct Statement: In Article V, the name of the MGRM is Catherine C. Tiedeberg  
Reason the statement is incorrect is that the last name was accidentally inputted incorrectly.  
All other information in Article V is correct, simply a last name correction.

**OR**

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

Dated: February 25, 2009

Eric H. Sommer  
Signature of a member or authorized representative of a member

Eric H. Sommer, Attorney  
Typed or printed name of signee

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

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000017901  
FILED 8:00 AM  
February 23, 2009  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:  
REVENUE CYCLE MANAGEMENT PARTNERS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1320 NORTHWOOD ROAD  
JACKSONVILLE, FL. 32207

The mailing address of the Limited Liability Company is:  
1320 NORTHWOOD ROAD  
JACKSONVILLE, FL. 32207

**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:  
CATHERINE C TIEDEBERG  
1320 NORTHWOOD ROAD  
JACKSONVILLE, FL. 32207

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: CATHERINE TIEDEBERG

### **Article V**

The name and address of managing members/managers are:

- Title: MGRM  
CATHERINE C SOMMER  
1320 NORTHWOOD ROAD  
JACKSONVILLE, FL. 32207

L09000017901  
FILED 8:00 AM  
February 23, 2009  
Sec. Of State  
dbruce

### **Article VI**

The effective date for this Limited Liability Company shall be:

02/19/2009

Signature of member or an authorized representative of a member

Signature: ERIC SOMMER, ESQ.