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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

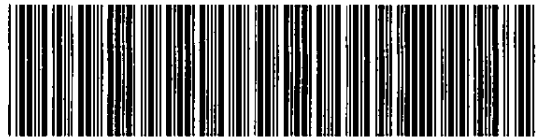
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**C. LEWIS**  
**MAR 17 2009**  
**EXAMINER**



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mobile ER Vet & Ambulatory Service, 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:

Georgette M. Servito

(Name of Person)

Mobile ER Vet & Ambulatory Service of South Florida, LLC

(Firm/Company)

14629 SW 104th St, Suite 458

(Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Georgette M. Servito

(Name of Person)

at ( 306 ) 213-6232

(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

**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:

Mobile ER Vet & Ambulatory Service of South Florida, LLC

**SECOND:**      The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

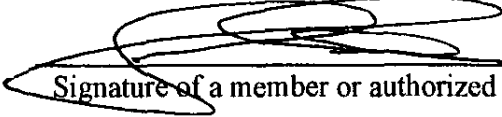
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The full name of the company is incomplete.

Mobile ER Vet & Ambulatory Service of  
South Florida, LLC

**OR**

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

Dated: March 12, 2009

  
Signature of a member or authorized representative of a member

Georgette M. Servito

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA