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T. CLINE

APR 28 2009

EXAMINER

609-33340

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hertiage Health Care Service Network, 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:

Cathy Christian-Simmons

(Name of Person)

Heritage Health Service Network, LLC

(Firm/Company)

PO Box 7302

(Address)

Sun City, FL33586

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Christian-Simmons

(Name of Person)

at ( 941 ) 685-5155

(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

*Document number! L09000033340*

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TALLAHASSEE, FLORIDA

**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:  
Heritage Health Care Service Network, 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 incorrect statement is the company's name: Hertiage Health Care Service Network,

The correct statement for the company's name is: Heritage Health Service Network,

**OR**

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

Dated: \_\_\_\_\_

April 9<sup>th</sup> 2009

Cathy Christian

Signature of a member or authorized representative of a member

Cathy Christian Simmons

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

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

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FILED 8:00 AM  
April 06, 2009  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:

HERTIAGE HEALTH CARE SERVICE NETWORK, LLC

**Article II**

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

2801 METRO DRIVE  
RUSKIN, FL. 33570

The mailing address of the Limited Liability Company is:

P. O. BOX 7302  
SUN CITY, FL. 33586

**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:

THOMAS A SIMMONS SR.  
2801 METRO DRIVE  
RUSKIN, FL. 33586

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: THOMAS A SIMMONS, SR.

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
CATHY A CHRISTIAN-SIMMONS  
2801 METRO DRIVE  
RUSKIN, FL. 33570

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April 06, 2009  
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Signature of member or an authorized representative of a member

Signature: CATHY A. CHRISTIAN-SIMMONS