

L09000075868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

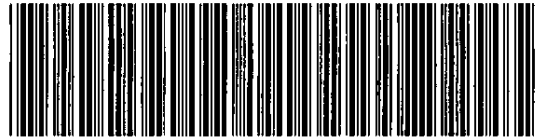
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100159326181

08/27/09--01024--006 **25.00

FILED
2009 AUG 27 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUNTRYSIDE INTEGRATED HEALTH, 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:

David W. Griffin, Esquire

Name of Person

David W. Griffin, P.A.

Firm/Company

565 South Duncan Avenue

Address

Clearwater, FL 33756

City/State and Zip Code

honest.lawyer@gte.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W. Griffin

Name of Person

at (727)

466-6900

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)

**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:
 Countryside Integrated Health, LLC LO9000075868

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:
 Article V names a member as Holly J. Johantgen with an incorrect middle initial,
 and should read Holly R. Johantgen

OR

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

Dated: August 24, 2009


Signature of a member or authorized representative of a member

David W. Griffin, Esquire

Typed or printed name of signee

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

FILED
2009 AUG 27 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L09000075868
FILED 8:00 AM
August 06, 2009
Sec. Of State
tcline

Article I

The name of the Limited Liability Company is:
COUNTRYSIDE INTEGRATED HEALTH, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
28469 US HIGHWAY 19
UNIT 302
CLEARWATER, FL. 33761

The mailing address of the Limited Liability Company is:
565 SOUTH DUNCAN AVENUE
CLEARWATER, FL. 33756

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:
DAVID W. GRIFFIN, P.A.
565 SOUTH DUNCAN AVENUE
CLEARWATER, FL. 33756

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: DAVID W. GRIFFIN

Article V

**L09000075868
FILED 8:00 AM
August 06, 2009
Sec. Of State
tcline**

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

Title: MGRM
HOLLY J JOHANTGEN
28469 US HIGHWAY 19, SUITE 302
CLEARWATER, FL. 33761

Title: MGRM
GIUSEPPE GIOVATTO JR.
28469 US HIGHWAY 19, SUITE 302
CLEARWATER, FL. 33761

Signature of member or an authorized representative of a member

Signature: DAVID W. GRIFFIN