L10000003690

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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

ALLAH



J. BRYAN

JAN 28 2009

EXAMINER

' COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PRACTICE MODIX L.L.C.			
Name of Limited Liability Co	mpany		
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	g:		
BARRYL. S. Beaucof	_		
Firm/Company	_	10 JA	T
10271 N.W. 1787 Address	-	JAN 27 CRETARY	ゴートロロ
Occal Springs, Fl. 3307/ City/State and Zip Code	_	PM 2:49 RY OF STATE SEE. FLORID	<u>'</u>
E-mail address: (to be used for future annual report notification)	s@Gyril.com	9	
For further information concerning this matter, please call:			
BARRY SilberScient at (95 V) Name of Person Area Co	de & Daytime Telephone Numbe		
/ Name of Person Area Co	ode & Daytime Telephone Numbe	î r	
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 \$\times \text{S30 Filing Fee & Certificate of Status}\$\$ Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (08/05)			



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2010

BARRY L. SILBERSURIG 10271 N.W. 17TH ST CORAL SPRINGS, FL 33071

SUBJECT: PRACTICE MEDIX L.L.C.

Ref. Number: L1000003690



We have received your document for PRACTICE MEDIX L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #P99000015014, ENERGY SYSTEMS, INC..

Please return 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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 210A00001399

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: PRACTICE	Medix L.L.C.			
SECO:	ND: The articles of organization or the application to transact business	*			
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	'ATEMENT			
	tains an incorrect statement. The incorrect statement, the reason the statement is rrect, and the corrected statement are as follows: THE NAME "PRACTICE MEDIX L. L.C." WAS USED				
	IN ERROR. The CONNECT NAME WE WIT	Sh TO USE			
	15" BIOENERGENIX TECHNOLOGIES L.L.				
	OR Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y signed and			
		26 0			
		AND A			
		SSE 27			
Dated:	1/27/10 Carrie Dellousurei	PH 2: 49 OF STATE			
	Signature of a member or authorized representative of a member	Þ			
	BARRY L. Silbreswelf- Typed or printed name of signee				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				

Electronic Articles of Organization For Florida Limited Liability Company

L10000003690 FILED 8:00 AM January 11, 2010 Sec. Of State ncausseaux

Article I

The name of the Limited Liability Company is: PRACTICE MEDIX L.L.C.

Article II

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

10271 NW 17TH STREET CORAL SPRINGS, FL. 33071

The mailing address of the Limited Liability Company is:

10271 NW 17TH STREET CORAL SPRINGS, FL. 33071

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

FILED 10 JAN 27 PH 2: 49 SECRETARY OF STATE AND ANASSEE, FLORIDA

Article IV

The name and Florida street address of the registered agent is:

BARRY L SILBERSWEIG 10271 NW 17TH STREET CORAL SPRINGS, FL. 33071

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: BARRY SILBERSWEIG

Article V

The name and address of managing members/managers are:

Title: MGRM ADAM B SILBERSWEIG 8534 BRIAR ROSE POINT BOYNTON BEACH, FL. 33473

Title: MGR BARRY L SILBERSWEIG 10271 NW 17TH STREET CORAL SPRINGS, FL. 33071 L10000003690 FILED 8:00 AM January 11, 2010 Sec. Of State ncausseaux

Article VI

The effective date for this Limited Liability Company shall be: 01/11/2010

Signature of member or an authorized representative of a member Signature: BARRY SILBERSWEIG

