

L1000025913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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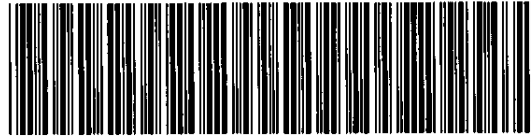
(Business Entity Name)

(Document Number)

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10 MAR 26 PM 4:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 MAR 26 AM 8:38

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B. KOHR

MAR 29 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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CONTACT: ASHLEY SMITH

DATE: 03/26/2010

REF. #: 000409.121978

CORP. NAME: DIGESTIVE MEDICINE HISTOLOGY, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |

☒ OTHER: ARTICLES OF CORRECTION

STATE FEES PREPAID WITH CHECK# 534274 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

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

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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:

FIRST: The name of the limited liability company is: Digestive Medicine Histology, LLC

SECOND: The Articles of Organization contain an incorrect statement. These Articles of Correction correct a typographical error in the name of the limited liability company. The correct name of the limited liability company is:

Digestive Medicine Histology Lab, LLC

Dated: March 26, 2010.

*

/s/ Frank Maderal, M.D.
Frank Maderal, M.D., as Member

**ARTICLES OF ORGANIZATION
OF
DIGESTIVE MEDICINE HISTOLOGY, LLC**

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DIVISION OF CORPORATIONS
10 MAR -8 AM 9:35

ARTICLE I: - Name

The name of the Limited Liability Company is: **Digestive Medicine Histology, LLC.**

ARTICLE II: - Address

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

2140 West 68th Street, Suite 305
Hialeah, Florida 33016

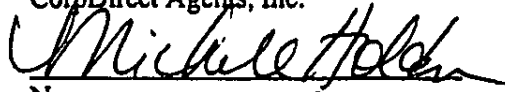
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent and registered office are:

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, FL 32301

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 as provided for in Chapter 608, F.S.

CorpDirect Agents, Inc.



Name: Michele Holden
Title: Assistant Secretary
Registered Agent



Marshall R. Burack, Esq.
Authorized Representative of a Member

Signed and dated this 8th day of March, 2010.