

01/26/2011 16:20

305/2201440

LAZARUS

PAGE 00/02

https://www.scrippsfilcovr.com

L1100000221463

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000022146 3)))



H110000221463ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T. CLINE
CARE HEALTH BUSINESS SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

JAN 27 2011

EXAMINER

L11-2863

Electronic Filing Menu

Corporate Filing Menu

Help

H11000022146

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:

Care Health Business Solutions, 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 SPELLING OF THE NAME IS:
CARE Health Business SOLUTIONS, LLC

THE CORRECT spelling of THE name is:
CORE Health Business SOLUTIONS, LLC

OR



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

Dated:

January 26, 2011

Barbara Sanchez
Signature of a member or authorized representative of a member

Barbara Sanchez

Typed or printed name of signee

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

CR2B062 (08/05)

2011 JAN 26 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H11000022146

H11000004845

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Core Health Business Solutions, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")**ARTICLE II - Address:**

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

Principal Office Address:**Mailing Address:**15280 NW 79TH ST, Ste #100 15280 NW 79TH ST, Ste #100
Miami Lakes, FL 33016 Miami Lakes, FL 33016**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Barbara Sanchez
Name15280 NW 79TH ST, Ste #100
Florida street address (P.O. Box NOT acceptable)Miami Lakes, FL 33016
City, State, and Zip

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.

Barbara Sanchez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H11000004845

FILED
11 JAN -6 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000004845

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR
ManagerPatricia Zlomek
15280 NW 79th St, Ste #100
Miami Lakes, FL 33016MGRMBarbara Sanchez
15280 NW 79th St, Ste #100
Miami Lakes, FL 33016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 06, 2011 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.

(In accordance with section 608.40(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Barbara Sanchez
Typed or printed name of signee**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

H11000004845