

L11000010798

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 23 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Individualized Medicine, 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:

Claude R. Moulton

Name of Person

Moulton Bosshardt, LLC

Firm/Company

1354 N. Laura Street

Address

Jacksonville, FL 32206

City/State and Zip Code

claudem@mblawoffices.com

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

For further information concerning this matter, please call:

Claude R. Moulton

Name of Person

at ( 904 )

632-0120

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)

FILED  
11 FEB 22 PM 4:35  
SECRETARY OF STATE  
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:  
Individualized Medicine, 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 correct mailing address of the LLC is: P.O. Box 100, Elkton, Florida

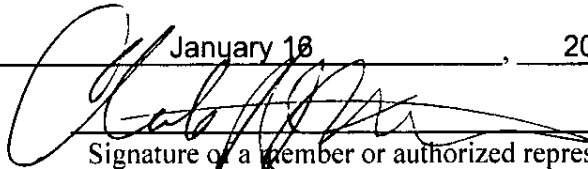
32033-0100.

**OR**



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

Dated: January 18, 2011.



Signature of a member or authorized representative of a member

Claude R. Moulton

Typed or printed name of signee

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

**FILED**  
11 FEB 22 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L11000010798  
FILED 8:00 AM  
January 26, 2011  
Sec. Of State  
kasaly

**Article I**

The name of the Limited Liability Company is:  
INDIVIDUALIZED MEDICINE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6100 ST. JOHNS AVENUE  
SUITE 4  
PALATKA, FL. US 32177

The mailing address of the Limited Liability Company is:  
P.O. BOX 1426  
PALATKA, FL. 32177

**Article III**

The purpose for which this Limited Liability Company is organized is:  
THE PRACTICE OF MEDICINE AND ALL OTHER LAWFUL PURPOSES.

**Article IV**

The name and Florida street address of the registered agent is:  
CLAUDE R MOULTON  
1354 N. LAURA STREET  
JACKSONVILLE, FL. 32206

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: CLAUDE R. MOUTON

## Article V

The name and address of managing members/managers are:

Title: MGRM  
LARISA MALYKH M.D.  
6100 ST. JOHNS AVENUE, SUITE 4  
PALATKA, FL. 32177 US

L11000010798  
FILED 8:00 AM  
January 26, 2011  
Sec. Of State  
kasaly

Signature of member or an authorized representative of a member

Electronic Signature: CLAUDE R. MOULTON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.