

# L11000020996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

MAR 3 2011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADVANCE MEDICAL IMAGING SOLUTIONS, 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:

DENISE WALKER

Name of Person

ACTION TAX SOLUTIONS, INC.

Firm/Company

27661 CASHFORD CIRCLE, STE 102

Address

WESLEY CHAPEL, FL 33544

City/State and Zip Code

DENISE@ACTIONTAXSOLUTIONS.COM

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

For further information concerning this matter, please call:

DENISE WALKER

Name of Person

at ( 813 ) 388-6888

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

**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:  
                    **ADVANCED MEDICAL IMAGING 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:

**NAME WAS FILED AS ADVANCE MEDICAL IMAGING SOLUTIONS, LLC**

**HOWEVER, THE CORRECT NAME IS: ADVANCED MEDICAL IMAGING**

**SOLUTIONS, LLC**

**OR**



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

Dated:             FEBRUARY 23            ,             2011            .

            Alain Medina              
Signature of a member or authorized representative of a member

            Alain Medina              
Typed or printed name of signee

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

FILED  
11 MAR -2 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA