

L11000137539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

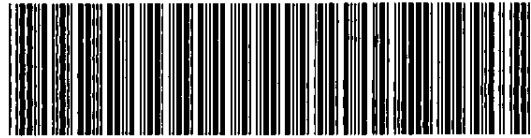
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 05 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hayes Healthcare Services, 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:

Shawn C. Snyder, Esq. -

Name of Person

Snyder & Snyder, P.A.

Firm/Company

7931 S.W. 45th Street

Address

Davie, Florida 33328

City/State and Zip Code

shawn@snyderlawpa.com

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

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12 JAN -3 AM 11:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Shawn C. Snyder, Esq.

Name of Person

at (954)

475-1139

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:
 Hayes Healthcare Services, 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:

Hayes Healthcare Services, LLC is the incorrect name of the Company.

The correct name of the Company is HMS Group, LLC

OR



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

Dated: December 15, 2011

Signature of a member or authorized representative of a member

John G. Hayes

Typed or printed name of signee

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

FILED
12 JAN -3 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L11000137539
FILED 8:00 AM
December 06, 2011
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:
HAYES HEALTHCARE SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
824 S.E. 16TH STREET
DEERFIELD BEACH, FL. US 33441

The mailing address of the Limited Liability Company is:
824 S.E. 16TH STREET
DEERFIELD BEACH, FL. US 33441

Article III

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

Article IV

The name and Florida street address of the registered agent is:
SHAWN C SNYDER
7931 S.W. 45 STREET
DAVIE, FL. 33328

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: SHAWN C. SNYDER, ESQ.

Article V

The name and address of managing members/managers are:

Title: MGR
JOHN G HAYES
824 S.E. 16TH STREET
DEERFIELD BEACH, FL. 33441 US

L11000137539
FILED 8:00 AM
December 06, 2011
Sec. Of State
dbruce

Article VI

The effective date for this Limited Liability Company shall be:

12/06/2011

Signature of member or an authorized representative of a member

Electronic Signature: JOHN G. HAYES

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.