

L12000056255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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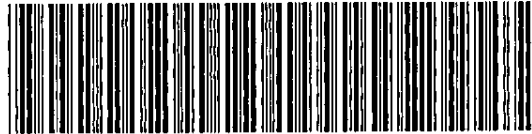
(Business Entity Name)

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FILED
12 MAY 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. MAY 10 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEJAL PATEL MD, PLC

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:

ALEEM KANJI

Name of Person

FINANCIAL ACCOUNTING SERVICES PLC

Firm/Company

730 W. COLONIAL DR.

Address

ORLANDO, FL 32804

City/State and Zip Code

FINACCTSVCS@GMAIL.COM

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

For further information concerning this matter, please call:

ZAHIR KEN KANJI

Name of Person

at (407)

4232371

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

FILED

12 MAY 15 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
SEJAL PATEL MD PLC

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:

PRINCIPAL ADDRESS, MAILING ADDRESS, REGISTERED AGENT ADDRESS

AND MANAGERS ADDRESS SHOULD READ

531 SPRING CLUB DR ALTAMONTE SPRINGS FL 32714 INSTEAD OF

521 SPRING CLUB DR ALTAMONTE SPRINGS FL 32714

OR



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

Dated: 09 May 2012

Sejal Patel
Signature of a member or authorized representative of a member

Sejal Patel
Typed or printed name of signee

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

L12000056255
FILED 8:00 AM
April 25, 2012
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

SEJAL PATEL MD PLC

Article II

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

521 SPRING CLUB DR
ALTAMONTE SPRINGS, FL. 32714

The mailing address of the Limited Liability Company is:

521 SPRING CLUB DR
ALTAMONTE SPRINGS, FL. 32714

Article III

The purpose for which this Limited Liability Company is organized is:

TO ESTABLISH A MEDICAL TREATMENT FACILITY AND OFFICE

Article IV

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

SEJAL PATEL
521 SPRING CLUB DR
ALTAMONTE SPRINGS, FL. 32714

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: SEJAL PATEL

Article V

The name and address of managing members/managers are:

Title: MGRM
SEJAL PATEL
521 SPRING CLUB DR
ALTAMONTE SPRINGS, FL. 32714

L12000056255
FILED 8:00 AM
April 25, 2012
Sec. Of State
ncausseaux

Article VI

The effective date for this Limited Liability Company shall be:

04/25/2012

Signature of member or an authorized representative of a member

Electronic Signature: SEJAL PATEL

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.