

L12000102876

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 29 AM 10:43

AUG 30 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAST COAST MEDICAL TRANSPORT, 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:

STEVE BARNIER

Name of Person

Firm/Company

17 OLD KINGS ROAD, SUITE E

Address

PALM COAST, FL 32137

City/State and Zip Code

STEVE@CFTCPA.COM

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

For further information concerning this matter, please call:

STEVE BARNIER

Name of Person

at (386)

445-4997
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:
 EAST COAST MEDICAL TRANSPORT, 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:

ARTICLE II: INCORRECT PRINCIPAL & MAILING ADDRESS OF 4 FELICA CT

PALM COAST FLORIDA, 32137 SHOULD BE CORRECTED TO BE:

PRINCIPAL ADDRESS: 17 OLD KINGS RD, SUITE E, PALM COAST, FL 32137

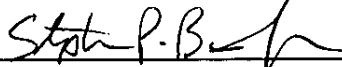
MAILING ADDRESS: P.O. BOX 354883, PALM COAST, FL 32135

OR



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

Dated: **AUGUST 21**, **2012**



Signature of a member or authorized representative of a member

STEVE BARNIER, MGRM

Typed or printed name of signee

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

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

L12000102876
FILED 8:00 AM
August 09, 2012
Sec. Of State
bbostick

Article I

The name of the Limited Liability Company is:
EAST COAST MEDICAL TRANSPORT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4 FELICIA COURT
PALM COAST, FL. 32137

The mailing address of the Limited Liability Company is:
4 FELICIA COURT
PALM COAST, FL. 32137

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:
GIGLIO & SAROTE TAX ACCOUNTING AND FINANCE
17 N OLD KINGS RD
E
PALM COAST, FL. 32137

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: STEPHEN P. BARNIER, JR.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 29 AM 10:43

Article V

The name and address of managing members/managers are:

Title: MGR
GIGLIO & SAROTE TAX ACCOUNTING AND FINANCE
17 N OLD KINGS RD. SUITE E
PALM COAST, FL. 32137

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FILED 8:00 AM
August 09, 2012
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bbostick

Signature of member or an authorized representative of a member

Electronic Signature: LISA BRUNS

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 29 AM 10:43