# L12000118100

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J. SAULSBERRY EXAMINER

OCT 5 2012

# **COVER LETTER**

	tion Section of Corporations					
SUBJECT:	MHG MEDICAL	MANAGEMEN <sup>®</sup>	T SERVICES, LLC			
	Name o	of Limited Liability Co	mpany			
Dear Sir or Mada	m:					
The enclosed Arti	icles of Correction and fee(s) a	re submitted for filing.				
Please return all c	correspondence concerning this	s matter to the followin	g:			
	Douglas E. Ede, Esqu	uire	_			
	Name of Person					
HAN	MILTON, MILLER & BIF	RTHISEL	_			
	Firm/Company					
150	S.E. Second Avenue, S	Suite 1200		<b>3</b>	<b>2</b> 2	
	Address				1121	_
	Miami, Florida 3313	31	_	HACE TA	M12 OCT -3	9.5
	City/State and Zip Code			XXXX	ယ်	ľ
ď	Ede@HamiltonMillerLa	w.com		E P	壬	ت ا
E-mail addr	ress: (to be used for future annu	ual report notification)	-	ORION	AH :8+ 30	Ç
For further inform	mation concerning this matter,	please call:				
	Douglas E. Ede	at ( 305	379-3686			
	Name of Person		ode & Daytime Telephone Number			
STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flor	orations Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a ch	eck 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	5)					

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:  MHG MEDICAL MANAGEMENT SERVICES, LLC				
SECO:					
(CH	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEMEN	T		
<b>√</b>	Contains an incorrect statement. The incorrect statement, the reason the state incorrect, and the corrected statement are as follows:  THE MANAGER MEMBER IS INCORRECTELY REFLECTED AS PE		JLT.		
	THE MANAGING MEMBER SHOULD BE MHG SERVICES, INC.	·			
	AT THE SAME ADDRESS.	T SE	2012		
		A	23		
	<u>OR</u>	SSEE FI	-3 AM		
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signa a	n (4)		
Dated:	SEPTEMBER 25 2012				
	S) CCC				
	Signature of a member authorized representative of a member				
	DOUGLAS E. EDE				
	Typed or printed name of signee				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				

# Electronic Articles of Organization For Florida Limited Liability Company

L12000118100 FILED 8:00 AM September 14, 2012 Sec. Of State nculligan

#### **Article I**

The name of the Limited Liability Company is:

MHG MEDICAL MANAGEMENT SERVICES, LLC

#### **Article II**

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

1600 S.E. 17TH STREET SUITE 400 FORT LAUDERDALE, FL. US 33316

The mailing address of the Limited Liability Company is:

1600 S.E. 17TH STREET SUITE 400 FORT LAUDERDALE, FL. US 33316

#### **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:

HAMILTON, MILLER & BIRTHISEL, LLP 150 S.E. SECOND AVENUE SUITE 1200 MIAMI, FLORIDA, FL. 33131

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: DOUGLAS E. EDE

2812 OCT -3 AM 18: 30
SECRETARY OF STATE
AND ANASSEE, FLORIDA

## Article V

The name and address of managing members/managers are:

Title: MGRM PETER HULT 1600 S.E. 17TH STREET FORT LAUDERDALE, FL. 33316 US L12000118100 FILED 8:00 AM September 14, 2012 Sec. Of State nculligan

Signature of member or an authorized representative of a member

Electronic Signature: DOUGLAS E. EDE

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.

SUCRETARY OF STATE