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OCT - 4 2012

T. HAMPTON

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 10/03/2012

REF. #: 002244.173805

CORP. NAME: PHYSICIAN SPECIALTY COMPOUNDING LLC

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: ARTICLES OF CORRECTION | | |

STATE FEES PREPAID WITH CHECK# 101380 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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:
PHYSICIAN SPECIALTY COMPOUNDING 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:

Steven T. Flax M.D. is incorrectly listed as Manager. He should be replaced

with Yevgeniya Prater, the correct Manager.

OR



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

Dated: October 2, 2012

Daniel G. Musca

Signature of a member or authorized representative of a member

Daniel G. Musca, as Authorized Representative

Typed or printed name of signee

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

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

L12000119339
FILED 8:00 AM
September 18, 2012
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:
PHYSICIAN SPECIALTY COMPOUNDING LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1009 SONATA LANE
APOLLO BEACH, FL. US 33572

The mailing address of the Limited Liability Company is:
1009 SONATA LANE
APOLLO BEACH, FL. US 33572

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:
DANIEL G MUSCA ESQ.
13139 W. LINEBAUGH AVENUE
SUITE 101
TAMPA, FL. 33626

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: DANIEL G. MUSCA

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Article V

The name and address of managing members/managers are:

Title: MGR
STEVEN T FLAX M.D.
1009 SONATA LANE
APOLLO BEACH, FL. 33572 US

Title: MGR
EDWARD W RAHN
100 EXECUTIVE WAY, SUITE 214
PONTE VEDRA BEACH, FL. 32082 US

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Signature of member or an authorized representative of a member

Electronic Signature: DANIEL G. MUSCA

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.

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