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OCT 31 2012

EXAMINER



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12 OCT 29 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

OCT 31 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIPPOCRATIC MEDICAL CENTER, 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:

FILED  
12 OCT 29 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PETER MAKRIS

Name of Person

PETER MAKRIS CPA

Firm/Company

2110 DREW STREET

Address

CLEARWATER, FL 33765

City/State and Zip Code

PETERMAKRISCPA@GMAIL.COM

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

For further information concerning this matter, please call:

PETER MAKRIS

Name of Person

at ( 727 )

446-0000  
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:  
HIPPOCRATIC MEDICAL CENTER, 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:  
The principal address, mailing address and address of registered agent is

incorrect. The incorrect address is 2110 Drew Street Clearwater, FL 33765.

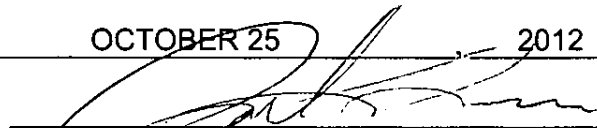
The correct address for the principal location, mailing address and address of registered agent is: 1 N. PINELLAS AVE TARPON SPRINGS, FL 34689

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: OCTOBER 25 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

RONALD KOKOLIS  
\_\_\_\_\_  
Typed or printed name of signee

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

FILED  
12 OCT 29 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L12000123063  
FILED 8:00 AM  
September 26, 2012  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:  
HIPPOCRATIC MEDICAL CENTER, LLC.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2110 DREW STREET  
CLEARWATER, FL. US 33765

The mailing address of the Limited Liability Company is:  
2110 DREW STREET  
CLEARWATER, FL. US 33765

**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:  
RONALD KOKOLIS  
2110 DREW STREET  
CLEARWATER, FL. 33765

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: RONALD KOKOLIS

## Article V

The name and address of managing members/managers are:

Title: MGRM  
RONALD KOKOLIS  
2110 DREW STREET  
CLEARWATER, FL. 33765 US

Title: MGM  
ELENA KOKOLIS  
2110 DREW STREET  
CLEARWATER, FL. 33765 US

L12000123063  
FILED 8:00 AM  
September 26, 2012  
Sec. Of State  
Isellers

Signature of member or an authorized representative of a member

Electronic Signature: RONALD KOKOLIS

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.