

L130000 29171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

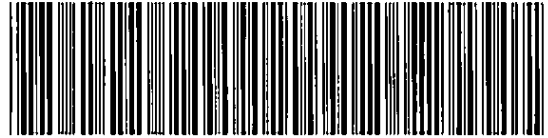
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB -9 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 14 2022
D CONNELL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL SPECIALTIES GROUP OF LOUISIANA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK L'HOMMEDIEU

Name of Person

MEDICAL SPECIALTIES GROUP OF LOUISIANA, LLC

Firm/Company

815 South Palafox Street, Third Floor

Address

☐
Pensacola, Florida 32502

City/State and Zip Code

mark@ahpartners.us

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

For further information concerning this matter, please call:

Mark L'Hommedieu

904

616-7355

Name of Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MEDICAL SPECIALTIES GROUP OF LOUISIANA, LLC

SECOND: The Florida Document number of the limited liability company is: L1300029171

THIRD: Document to be corrected is: Annual Report filed 2/1/2022

2022 FEB -9 AM 11:00
FILED
TALLAHASSEE, FLORIDA

(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:

(1) The Principal Place of Business and Mailing Address of the Company is incorrect - the correct Principal Place of Business and Mailing Address is: 815 South Palafox St., Third Floor Pensacola, FL 32502; (2) The Registered Agent is incorrect. The correct RA is Mark L'Hommedieu, 815 South Palafox St. Third Floor Pensacola FL 32502

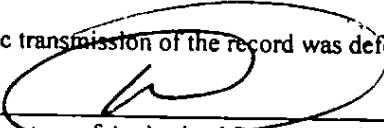
OR

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

The Report was signed by Dan Levitan as Executive V. P. for purported Manager, Invictus Holdings Delaware Inc. -
Invictus Holdings is not a manager of the Company, nor is it or Mr. Levitan authorized to sign on behalf of the
Company. Mr. Mark L'Hommedieu is a manager of the Company and is authorized to sign.

OR

The electronic transmission of the record was defective.


Signature of Authorized Representative

2/8/22
Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Registered Agent's Signature

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