

L14000007722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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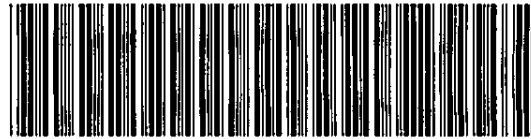
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JAN 28 10:00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Group 1945, LLC

Name of Limited Liability Company

*L14000007722*

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:

**Richard J. Geisert, Esq.**

Name of Person

**Richard J. Geisert, P.A.**

Firm/Company

**9851 NW 58 Street, Unit 115**

Address

**Doral, FL 33178**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Richard J. Geisert**

Name of Person

at ( **305** ) **513-8851**

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:  
                    Medical Group 1945, 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:

Typo error in entering AMBR name.

Please remove/change last name of second AMBR, from Wogniak Romero, to

Woginiak Romero.

The correct entry is: Woginiak Romero, Daniel David

**OR**



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

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

Dated: Jan. 15, 2014



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

Richard J. Geisert, Esq., Attorney for Medical Group 1945, LLC

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

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

**FILED**  
14 JAN 21 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA