

L14000058591

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APR 21 2014
10:31 PM
BOSTON

B. BOSTICK

APR 24 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLATINUM HEALTH, 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:

RANDALL SMITH

Name of Person

PLATINUM HEALTH, LLC

Firm/Company

1106 YATES ST

Address

ORLANDO, FL 32804

City/State and Zip Code

rsmith@smithhealthsystems.com

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

2016-11-01 10:31
FBI
FBI

For further information concerning this matter, please call:

RANDY SMITH

Name of Person

at (407)

Area Code

839 0742 / 342-2111

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

**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: PLATINUM HEALTH LLC

SECOND: The Florida Document number of the limited liability company is: 26783710014
L14000058591

THIRD: Document to be corrected is: OWNER INFORMATION - ARTICLES OF INCORPORATION

(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:

RANDALL SMITH SHOULD BE 100% OWNER

TITLE FOR RANDALL SHOULD BE MANAGER

NOEL DUQUETTE TO BE REMOVED AS MEMBER

*THERE WAS A MISCOMMUNICATION BETWEEN THE TWO
OF US SO WE DECIDED TO NOT WORK TOGETHER

OR

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

OR

☐ The electronic transmission of the record was defective.

RLS

Signature of Authorized Representative

4/17/2014

Date

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