

#L14000059004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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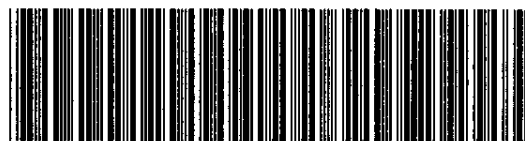
(Business Entity Name)

(Document Number)

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2014 MAY -8 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY 19 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MANAGED CARE PARTNERSHIPS, 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:

**SARAH M MURRAY**

Name of Person

**MANAGED CARE PARTNERSHIPS, LLC.**

Firm/Company

**8950 SW 74TH COURT, 22ND FLOOR**

Address

**MIAMI, FL 33156**

City/State and Zip Code

**Smurray@aol.com**

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

For further information concerning this matter, please call:

**Sarah Murray**

at ( **305** ) **905-8295**

Name of Person

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

**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: MANAGED CARE PARTNERSHIPS, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L14000059004

**THIRD:** Document to be corrected is:  
ARTICLES OF ORGANIZATION FOR FLORIDA LLC

**(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:

ARTICLE 1 - Name:

MANAGED CARE PARTNERSHIP, LLC.

Typographical Error - Should read as:

MANAGED CARE PARTNERSHIPS, LLC.

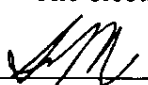
**OR**

- ☐ 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.

  
\_\_\_\_\_  
Signature of Authorized Representative

APRIL 17th, 2014

\_\_\_\_\_  
Date

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