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SECURITY DIVISION  
FALLABASSIST, TEXAS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERNATIONAL URGENT CARE & MINIMAL <sup>s/b</sup> (MINIMALLY)  
Name of Limited Liability Company  
INVASIVE SURGERY CENTER, LLC

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:

BAHAREH FAZILAT MD

Name of Person

Firm/Company

6515 COLLINS AVENUE UNIT 1807

Address

MIAMI BEACH FL 33141

City/State and Zip Code

bfazilat@hotmail.com

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

For further information concerning this matter, please call:

KAY CARTER / INNOVATIVE HEALTHCARE 941 350-3930

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**

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: INTERNATIONAL URGENT CARE & MINIMALLY INVASIVE SURGERY CENTER, LLC  
(Please change MINIMAL to MINIMALLY in name)

**SECOND:** The Florida Document number of the limited liability company is: L14000114804

**THIRD:** Document to be corrected is:

NAME OF LLC - Please change MINIMAL to MINIMALLY in name

**(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:

NAME OF LLC MISPELLED  
MINIMAL SHOULD BE MINIMALLY

OR

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

MAH, SSI, 117

**OR**

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date \_\_\_\_\_

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