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To: FL Corporation Division.

Please find the Articles of Correction for the Limited Liability Company Global Diagnostics Health Care Center LLC

Please find enclosed a check for \$25 for this request.

If there are any questions regarding this filing please call Jessica Marschke at 1-800-981-7183 ext. 1267618

Please return all completed documents to:

Business Filings Incorporated Attn: Filing Department 8020 Excelsior Drive, Suite 200 Madison, WI 53717

Best Regards,

Filing Department Business Filings Incorporated

COVER LETTER

Division of Corporations Global Diagnostics Health Care Center 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: Jessica Marschke Name of Person **Business Filings Incorporated** Firm/Company 8020 Excelsior Dr., Suite 200 Address Madison, WI 53717 City/State and Zip Code agent@bizfilings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jessica Marschke Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee □ \$30 Filing Fee & ☐ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

TO:

Registration Section

STATMENT 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.

<u>FIRS'</u>	<u>r</u> :	The name of the limited liability company is: Global Diagnostics Health Care Center LLC	
SECOND:		Document to be corrected is: Articles of Organization	
	(CHEC	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
X		ns an incorrect statement. The incorrect statement, the reason the statement is incorrect, e corrected statement are as follows:	
	Incorre	ect Statement: Article IV: Managers/Members	
	The man	nagement of the limited liability company is reserved for the members and the name and address of the member mited Liability Company is: Adina Avaco, 389 Palm Coast Parkway SW Suite 4, Palm Coast, Florida 32137	
		n the statement is incorrect: The member's name was spelled incorrectly and the proper is was not provided at the time of filing.	
		d Statement: Article IV: Managers/MembersThe management of the limited liability company is reserved for the members and and address of the member of the Limited Liability Company is: Adina Abaco. 100 Island Cottage Way, St. Augustine. 2080	
	<u>OR</u>		
		efectively signed. The manner in which the document was defectively signed and the oriate correction are as follows:	
			
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	<u>OR</u>		
	The ele	ectronic transmission of the record was defective.	
HO	Lina	MDACT 8/4/2014	
		of Authorized Representative Date Abaco, Member	
		Filing Face \$25.00	

Certified Copy:

\$30.00 (optional)

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