

L15000037620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2015 MAY 29 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

St. Outagam JUN 1 - 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Physicians Housecall Team 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:

Tamara Rowland

Name of Person

Physicians Housecall Team

Firm/Company

1225 Havendale Blvd. #338

Address

Winter Haven FL 33881

City/State and Zip Code

Rowland@trowland.com

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

For further information concerning this matter, please call:

Tamara Rowland

Name of Person

at (863)

Area Code

218-2921

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**

FILED

2015 MAY 29 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Physicians House call
Team LLC

SECOND: The Florida Document number of the limited liability company is: L15000037620

THIRD: Document to be corrected is:
Amendment of Principal and mailing
addresses.

(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:

Principal address and mailing
addresses are incorrect.
Principal address is 1235 Havendale blvd.
#338 Winter Haven, FL 33881. Mailing address is
1235 Havendale blvd #335 Winter Haven, FL 33881

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]
Signature of Authorized Representative

5/21/15
Date

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