

L15000184442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Sign-

Office Use Only



200279377032

11/23/15--01041--024 \*\*25.00

FILED  
15 NOV 23 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/2/15

## COVER LETTER

TO: Registration Section  
Division of Corporations

**MULTI-CARE ORTHOPEDICS & SPINAL REHABILITATION PLLC**

SUBJECT: \_\_\_\_\_  
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:

**BRUCE GELCH**

\_\_\_\_\_  
Name of Person

**MULTI-CARE ORTHOPEDICS & SPINAL REHABILITATION PLLC**

\_\_\_\_\_  
Firm/Company

**13701 CYPRESS TERRACE CIRCLE**

\_\_\_\_\_  
Address

**FORT MYERS FL 33907**

\_\_\_\_\_  
City/State and Zip Code

**JACKIE@PALERMOCPA.COM**

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

For further information concerning this matter, please call:

**JACQUELINE PALERMO CPA**

\_\_\_\_\_  
Name of Person

at ( **954** ) **443.0977**

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

CR2E062 (9/15)

**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: \_\_\_\_\_  
MULTI-CARE ORTHOPEDICS & SPINAL REHABILITATION, PLLC

**SECOND:** The Florida Document number of the limited liability company is: L15000186642

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(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:

PLEASE CORRECT THE NAME OF THE LLC - (WORD "REHABILITATION")

**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

Date

FILED  
NOV 23 PM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

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