

LP500192817

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
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SECRETARY OF STATE TO ACKNOWLEDGE  
TALLAHASSEE, FLORIDA SUFFICIENCY OF FILING

NOV 20 2015

S. YOUNG

CT

November 19, 2015

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9780531 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

FILED  
15 NOV 19 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Department of State, Florida :

Please obtain the following:

Path Medical, LLC (FL)  
Misc - Domestic LLC Filing - Statement of Correction  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**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: PATH MEDICAL, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000192817

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

**(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:

The wrong entity was listed as a member of the limited liability company.

The incorrect member listed is Injury Centers of Tampa, Inc., 6220 S Orange Blossom Trail, #200, Orlando, Florida, 32809

The correct member is Path Medical Center, Inc., 2304 W. Oakland Park Boulevard, Ft. Lauderdale, FL 33311.

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.

Path Medical, LLC 

November 19, 2015

BY:

Robert Lewin, Authorized Representative

Date

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)