

Florida Department of State
Division of Corporations
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June 16, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FIRST HARBOUR HEALTH MANAGEMENT, LLC
7320 DELAINEY COURT
SARASOTA, FL 34240US

SUBJECT: FIRST HARBOUR HEALTH MANAGEMENT, LLC
REF: L16000006736

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Submitted wrong form. Please submit statement of correction.

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Dionne M Pijaux
Regulatory Specialist
Registration Section

FAX Aud. #: H17000160369
Letter Number: 117A00012263

P.O BOX 6327 - Tallahassee, Florida 32314

**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: First Harbour Health Management, LLC

SECOND: The Florida Document number of the limited liability company is: L1600006736

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:

The effective date of the filing was incorrectly submitted. The corrected effective date is 1/1/16.

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

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 603, 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

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