

L16000074891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

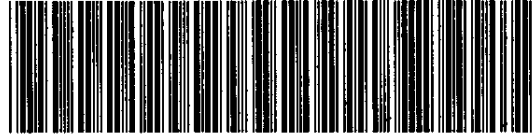
(Business Entity Name)

(Document Number)

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

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2016 APR 26 A 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 27 2016  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PruittHealth Hospice - West Florida, 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:

Crystal Blackshear

Name of Person

PruittHealth

Firm/Company

1626 Jeurgens Court

Address

Norcross, GA 30093

City/State and Zip Code

cblackshear@pruitthealth.com

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

For further information concerning this matter, please call:

Crystal Blackshear

Name of Person

678

Area Code

533-6382

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

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TALLAHASSEE, FLORIDA

2016 APR 26 A 10:45

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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: PruittHealth Hospice - West Florida, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000074891

**THIRD:** Document to be corrected is: Electronic 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:

Article IV states the name and address of person(s) authorized to manage LLC is Title: MGR United Health Services of Florida, Inc.

1626 Jeurgens Court Norcross, GA 30093 US. PruittHealth - West Florida, LLC is the correct manager. The corrected statement is:

The name and address of person(s) authorized to manage LLC: Title: MGR, PruittHealth - West Florida, LLC, 1626 Jeurgens Court, Norcross, GA 30093 US.

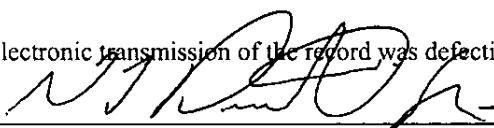
**OR**

- ☐ 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

4.25.2016

FILED  
2016 APR 26 10:45  
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)