

L16000121502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

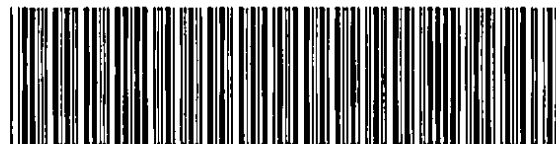
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C SIMMONS
AUG 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2018

HOWARD DOSS
3840 LAND O LAKES BLVD, STE B
LAND O LAKES, FL 34639

SUBJECT: INTEGRA PHARMA SOLUTIONS, LLC
Ref. Number: L16000121502

We have received your document for INTEGRA PHARMA SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 018A00015314

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RECEIVED

2018 AUG -3 AM 10:04

OFFICE
OF THE
CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

HOWARD DOSS
3840 LAND O LAKES BLVD, STE B
LAND O LAKES, FL 34639

SUBJECT: INTEGRA PHARMA SOLUTIONS, LLC
Ref. Number: L16000121502

We have received your document for INTEGRA PHARMA SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPROATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00012847

CONFIDENTIAL

2018 JUL 23 AM 11:06

1990

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integra Pharma Solutions, 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:

Christy Justi
Name of Person

Integra Pharma Solutions, LLC.
Firm/Company

3840 Land O' Lakes Blvd.
Address

Land O' Lakes, FL 34639
City/State and Zip Code

cjusti@txade.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Justi at (727) 202-4217
Name of Person 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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**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: Integra Pharma Solutions, LLC

SECOND: The Florida Document number of the limited liability company is: L16000121502

THIRD: Document to be corrected is: FEI/EIN

(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 FEI/EIN of 45-3569427, reflected on the Florida Department of State, Division of Corporation, is incorrect.

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The correct FEI/EIN is 45-3568427.

OR

- ☐ The electronic transmission of the record was defective.

Howard Doss 7/21/2018
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 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.

Howard Doss
Registered Agent's Signature

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