

Florida Department of State  
Division of Corporations  
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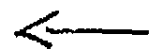
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Division of Corporations  
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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRADENTON WOMEN'S CARE, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**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: BRADENTON WOMEN'S CARE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000103217

**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 incorrect statement: The name of the Members are Veronica Socas, M.D. and Armando Socas.

The reason for the statement is: the name of one of the members set forth in the document is incorrect.

The corrected statement is: the name of the members are Veronica Socas, MD and Gerardo Garcia.

**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]*  
Signature of Authorized Representative

5/11/18  
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  
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