

L20 000 375200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

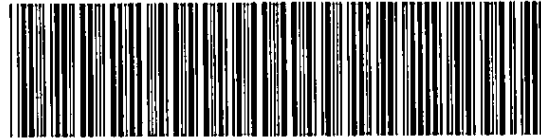
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700355866877

12/15/20--01012--019 **55.00

JAN 29 2021
S. YOUNG

2020 DEC 15 PM 6:37

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brain and spine Innovated Care 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:

Keyne K Johnson
Name of Person

Brain and spine Institute for children
Firm/Company

11685 Lee Rd Suite 100B
Address

Winter Park, FL 32789
City/State and Zip Code

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

For further information concerning this matter, please call:

Zoraya Andrew at (407) 255-2152
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Brain and Spine Innovative Care LLC

SECOND: The Florida Document number of the limited liability company is: L20000376200

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:

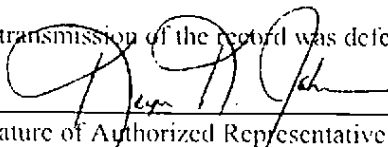
The name submitted was spelled incorrect the
name on the document is Brain and Spine Innovated
Care. It should be Brain and Spine Innovative Care LLC

OR

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

OR

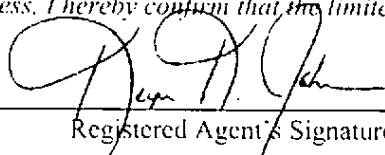
- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative
12-10-2020 2:20 PM 6:37
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
12-10-2020

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