

L24000434709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

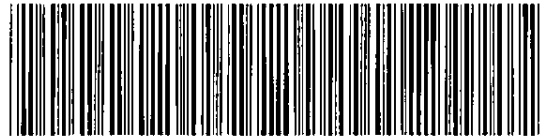
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TALLAHASSEE, FL

LLC → PLLC

✓ can they do that  
they included  
purpose

*[Handwritten signature]*

Your license number is ME 133861.

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Please use it in all correspondence with your board/council. Each licensee is individually responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit [www.FLHealthSource.gov](http://www.FLHealthSource.gov) and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
DECEMBER 5, 2023	ME 133861	873540

THE MEDICAL DOCTOR  
NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: JANUARY 31, 2026

TERRY JENARD FOX  
INTELLIRAD IMAGING LLC  
11760 SW 40TH STREET  
SUITE 703  
MIAMI, FL - 33137

Ron DeSantis  
GOVERNOR

Joseph A. Ladapo, MD, PhD  
STATE SURGEON GENERAL

Scan QR Code for  
License Authentication



DISPLAY IF REQUIRED BY LAW

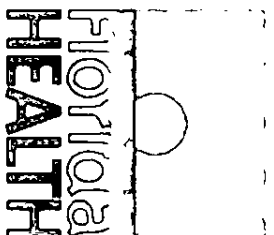
STATE OF FLORIDA  
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TERRY JENARD FOX Expiration Date: JANUARY 31, 2026

LICENSEE SIGNATURE



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clinical Correlations LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Fox

\_\_\_\_\_  
Name of Person

Clinical Correlations LLC

\_\_\_\_\_  
Firm/Company

616 Tiziano AVE

\_\_\_\_\_  
Address

Coral Gables, FL 33143

\_\_\_\_\_  
City/State and Zip Code

terryfox@gmail.com

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

For further information concerning this matter, please call:

Terry Fox

954

242-3723

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Clinical Correlations LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 10, 2024 and assigned  
Florida document number 124000434709.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Clinical Correlations PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**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.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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FL  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/19/24 BY 60322 UCBAW

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLLC designation is being requested - please see attached sheet for specific purpose.

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TALLAHASSEE, FL

77-1770

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b).

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 14, 2024



Signature of a member or authorized representative of a member

## Terry Fox

Typed or printed name of signee

I am amending my Limited Liability Company (LLC) to become a Professional Limited Liability Company (PLLC). Every other aspect of my business entity will remain unchanged.

Clinical Correlations PLLC is a business comprised of licensed medical professionals, specifically radiologists who are licensed medical doctors. I, Terry Fox MD, am a licensed medical doctor in the state of Florida and board certified radiologist. A radiologist is a licensed medical professional who uses X-rays, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound, Nuclear Medicine, and Mammography to diagnose and treat disease.

The purpose of Clinical Correlations PLLC is to provide patient healthcare through radiology services. This includes using imaging technology such as X-rays, CT, MRI, Ultrasound, Nuclear Medicine, and mammography to diagnose and treat disease.

Date: NOVEMBER 14, 2024

Printed Name: TERRY FOX MD

Signature: 

Phone Number: 954-242-3723

Email: [terryfox@gmail.com](mailto:terryfox@gmail.com)

Address:  
616 Tiziano Ave  
Coral Gables, FL, 33143

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