

#

Dec 21 2010 2:22 PM SALVATORI & WOOD

No. 0770 Page 1 of 1

110000005354

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000273623 3)))



H100002736233ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-1706FILED
10 DEC 21 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

10 DEC 21 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHYSICIANS TOXICOLOGY LABORATORY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY
EXAMINER
DEC 22 2010

Electronic Filing Menu

Corporate Filing Menu

Help

H10000273623 3

FILED

ARTICLES OF CORRECTION

FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

10 DEC 21 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Physicians Toxicology Laboratory, LLC

#M10000005354

SECOND: The articles of organization or the application to transact business

(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:

9. The name and usual business address of the managing members or managers are as follows:

M. Ryan Lund, 801 Laurel Oak Drive, Suite 102 Naples, FL 34108

OR



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

Dated: December 16, 2010


Signature of a member or authorized representative of a member

M. Ryan Lund

Typed or printed name of signee

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

CR2E062 (08/05)

H10000273623 3