

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.

((H17000211165 3)))



H170002111653ABCV

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

Attn: Karen Saly
850-245-6870

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076665002140
Phone : (727) 461-1818
Fax Number : (727) 441-8617

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

Email Address:

Kimemrick@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLOBAL PHYSICIAN NETWORK, LLC SERIES 1

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

S. WARREN

AUG 11 2017

RECEIVED

2017 AUG 10 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 AUG 10 AM 9:58

FILED

Electronic Filing Menu

Corporate Filing Menu

Help



August 10, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GLOBAL PHYSICIAN NETWORK, LLC SERIES 1
1700 SOUTH TAMiami TRAIL
SARASOTA, FL 34239US

SUBJECT: GLOBAL PHYSICIAN NETWORK, LLC SERIES 1
REF: M17000005294

We have received your document for GLOBAL PHYSICIAN NETWORK, LLC SERIES 1 and your check(s) totaling \$. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000211165
Letter Number: 717A00016328

((H17000211165 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Physician Network LLC Series I

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:

Lori L. Ammons

Name of Person

Johnson Pope

Firm/Company

333 Third Avenue North, Suite 200

Address

St. Petersburg, FL 33701

City/State and Zip Code

kimemrick@aol.com

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

For further information concerning this matter, please call:

Lori L. Ammons

Name of Person

at 727

Area Code

483-5685

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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

((H17000211165 3))

**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: Global Physician Network LLC Series I

SECOND: The Florida Document number of the limited liability company is: M17000005294

THIRD: Document to be corrected is: Application by Foreign LLC to Transact Business in Florida

(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 State of Illinois when filing Form LLC-37.40 Certificate of Designation incorrectly used the number "1" instead of using the roman numeral "I" when filing.

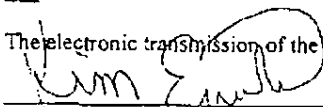
This has now been corrected and a certificate of good standing is attached from the State of Illinois.

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

8/16/17

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

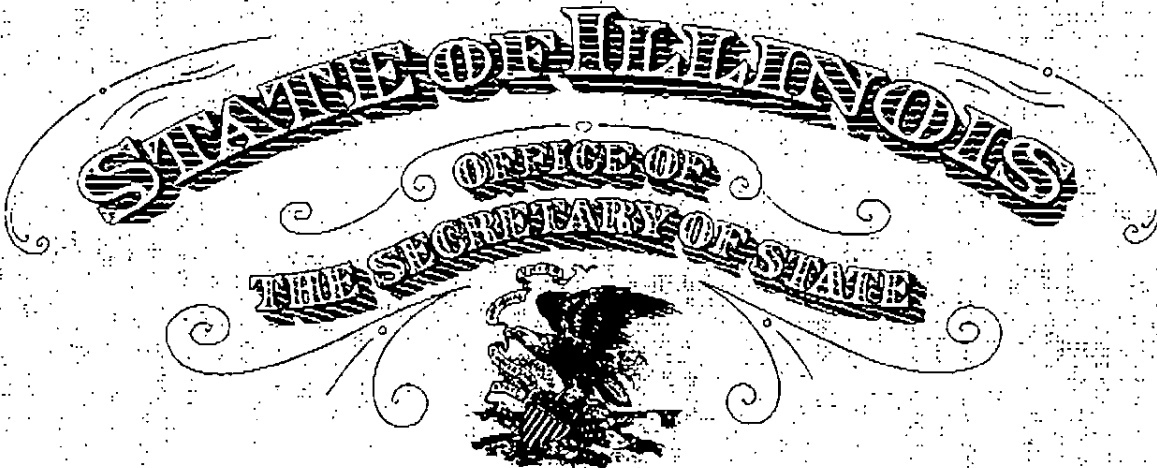
Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
17 AUG 10 AM 9:58
TALLAHASSEE, FLORIDA

((H17000211165 3)))

File Number

0622190-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GLOBAL PHYSICIAN NETWORK, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 26, 2017, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF GLOBAL PHYSICIAN NETWORK, LLC SERIES I ON JUNE 08, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 8TH
day of AUGUST A.D. 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1722001774 verifiable until 08/08/2018

Authenticate at: <http://www.cyberdriveillinois.com>

((H17000211165 3)))