

M18000000188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

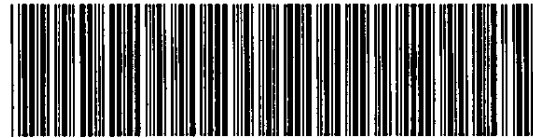
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

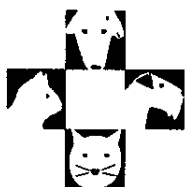


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2018 APR 26 P 12:02  
TALLAHASSEE, FLORIDA

FILED



**VetCor**

VetCor Professional Practices LLC  
350 Lincoln Place, Suite 111  
Hingham, MA 02043

April 16, 2018

P: 781.749.8151  
F: 781.740.2109  
W: [vetcor.com](http://vetcor.com)

Via Priority Mail

Florida Dept. of State  
Attn: Business Processing Section Bureau of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: VetCor of Altamonte Springs LLC, Entity No. M18000000188:  
Certificate of Correction of Foreign LLC Registration

Dear Sir/Madam:

With regard to the above-referenced entity, enclosed for filing please find: Certificate of Correction of this entity's Foreign LLC Registration to Transact Business in Florida, correcting a typo as to the federal employer identification number, (which was inadvertently listed as 82-3754005, but is being now corrected to reflect the following correct federal employer identification number: 82-2302986). along with our check (# 150493) in the amount of \$25.00.

Please acknowledge receipt of this filing by date-stamping the enclosed photocopy of same and returning it to the undersigned in the enclosed postage-prepaid envelope.

Thank you for your assistance in this matter.

Very truly yours,

Wendy S. Koelsch  
Corporate Counsel

Encls.

cc: Peter R. DeFeo, Chief Development Officer and General Counsel

FILED  
2018 APR 26 12:03  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VetCor of Altamonte Springs 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:

Wendy Koelsch, Corp. Counsel

Name of Person

VetCor

Firm/Company

350 Lincoln Place, Ste. 111

Address

Hingham, MA 02043

City/State and Zip Code

wkoelsch@vetcor.com

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

For further information concerning this matter, please call:

Wendy Koelsch

Name of Person

781

Area Code

749-8151 x18

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

FILED  
2010 APR 26 P 12:03  
TALLAHASSEE FL 32301

**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: VetCor of Altamonte Springs LLC

**SECOND:** The Florida Document number of the limited liability company is: M18000000188

**THIRD:** Document to be corrected is: Foreign Limited Liability Company Authorization

to transact business in the State of 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 federal identification number of this entity was inadvertently  
incorrectly listed as 82-3754005; whereas the correct federal identification  
number of this entity is 82-2302986.

**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.

Wendy Koelsch, Corp. Counsel 4/16/18  
Signature of Authorized Representative Date

of VetCor of Altamonte Springs LLC

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)