

L040000755/7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 22 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Care Winter Haven 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:

James K. Lee

(Name of Person)

First Care Winter Haven LLC

(Firm/Company)

400 First Street North

(Address)

Winter Haven, FL 33881

(City/State and Zip Code)

For further information concerning this matter, please call:

James Lee

(Name of Person)

at (863) 299-2420

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

First Care Winter Haven LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

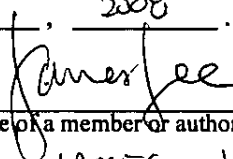
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. Sole and specific professional purpose: physician services.

2. The professional limited liability company is organized for the sole and specific purpose
of rendering professional service and that has as its members only other professional limited
liability companies, professional corporations, or individuals who themselves are duly licensed
or otherwise legally authorized to render the same professional service as the PLLC.

Dated Dec 16, 2008.



Signature of a member or authorized representative of a member

JAMES LEE, MD

Typed or printed name of signee