

LO9000116895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

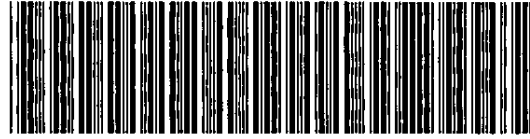
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263648967

09/05/14--01026--004 **30.00

2014 SEP -5 P 3:37
DEPARTMENT OF STATE
HALLMARK BUILDING

FILED

B. BOSTICK
SEP 11 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MD SYHEALTH, 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:

ANWAR KAZI

Name of Person

MD SYHEALTH, LLC

Firm/Company

13601 PRESTON RD. E740

Address

DALLAS, TEXAS 75240

City/State and Zip Code

anwar.kazi@premierphc.com

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

For further information concerning this matter, please call:

Anwar Kazi

Name of Person

at **(972) 387-3200**

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

2014 SEP -5 P 3:31
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FILED

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	ANWAR KAZI	13601 PRESTON RD, E740	<input checked="" type="checkbox"/> Add
		DALLAS, TX 75240	<input type="checkbox"/> Remove
	AHMED HASSAN	351 Buckingham Ct.	<input type="checkbox"/> Add
		Lombard, Illinois 60108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

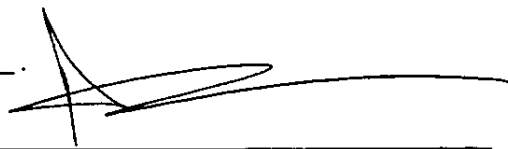
FILED
 TMA SEP -5 P. 1131
 REMOVE
 ADD
 REMOVE
 ADD
 REMOVE
 ADD
 REMOVE

FILED

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 4, 2014



Signature of a member or authorized representative of a member

Anwar Kazi

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

2014 SEP -5 P 3:31
CLERK OF STATE
FLORIDA

FILED