

217000246434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

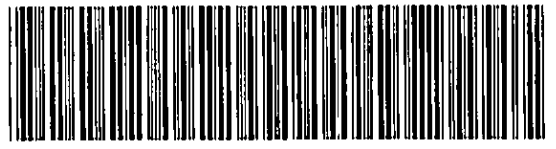
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
*wrong form*

Office Use Only



000320389290

11/08/18--01018--011    ++52.50

12/07/18--01009--005    ++7.50

19 DEC -9 PM 10:21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2018

CHARLES DONISI  
2900 GATEWAY DR, STE C  
POMPANO BEACH, FL 33069

SUBJECT: SELECTMED LLC  
Ref. Number: L17000246434

We have received your document for SELECTMED LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 118A00024246

2018 DEC -6 PM 1:41

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SelectMed 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:

Charles Donisi

Name of Person

SelectMed LLC

Firm/Company

2900 Gateway Drive, Suite C

Address

Pompano Beach, FL 33069

City/State and Zip Code

acct@selectmedmedical.com

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

For further information concerning this matter, please call:

Charles Donisi

Name of Person

at (561) 414-9203

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





