

L10000024529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

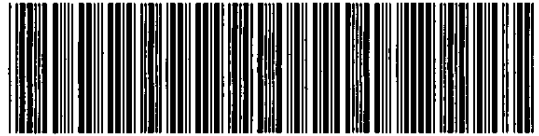
Special Instructions to Filing Officer:

A. LUNT

MAR 15 2010

EXAMINER

Office Use Only



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03/12/10--01014--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 12 PM 2:55

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED PERSONNEL INJURY CLINIC 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:

LESTER I PEREZ

Name of Person

ADVANCED PERSONNEL INJURY CLINIC LLC

Firm/Company

7073 W WATERS AVE

Address

TAMPA FL 33634

City/State and Zip Code

YUSLEIDYS1@HOTMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LESTER I PEREZ

Name of Person

at (786)

3551540

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

ADVANCED PERSONNEL INJURY CLINIC LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGR	LESTER I PEREZ	7073 W WATERS AVE	<input checked="" type="checkbox"/> Add
		TAMPA FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2010 MAR 12 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Dated 3/5, 2010.

Lester I. Perez
Signature of a member or authorized representative of a member
Lester I. Perez.
Typed or printed name of signee