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L08000043057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

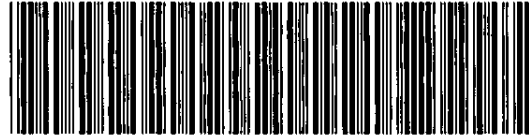
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 22 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Health Agency - Palm Beaches, 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 Happ

Name of Person

SunCrest Omni

Firm/Company

8198 Jog Road, Suite 101

Address

Boynton Beach, Florida 33472

City/State and Zip Code

jimh@medstarhha.com

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

For further information concerning this matter, please call:

James Happ

Name of Person

at (561) 255-5560

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

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TALLAHASSEE, FLORIDA

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

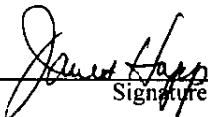
Business will operate under the Fictitious Name:

MedStar Home Health effective 10/28/13

Fictitious name filed with State of Florida on 10/03/13

Registration # G13000098022

Dated **October 16**, **2013**



Signature of a member or authorized representative of a member

James Happ

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA