

LO2000003968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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T. CLINE

FEB - 9 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB - 8 AM 9:53

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2010

NDNC TREATMENT CENTERS, LLC
7801 SW. 24 ST. SUITE 102
MIAMI, FL 33155

SUBJECT: ND NC TREATMENT CENTERS, LLC
Ref. Number: L02000003968

We have received your document for ND NC TREATMENT CENTERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 110A00001904

2010 FEB -8 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 8 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NDNC Treatment Centers, 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:

Name of Person
NDNC Treatment Centers, LLC
Firm/Company
7801 SW 24 St. - Suite 102
Address
Miami, FL 33155
City/State and Zip Code
Silverpl@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph M. Ossorio at (305) 267-7480
Name of Person 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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SECRETARY OF STATE
TALLAHASSEE, FL 32301

NDNC Treatment Centers, 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>
MGRM	Joseph M. Ossorio	7801 SW 24th Suite 102 Miami, FL 33155	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB - 8 AM 9:53

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Dated _____

Victoria E. Ossorio - EKT Management Group
Signature of a member or authorized representative of a member

Victoria E. Ossorio
Typed or printed name of signee