

L02 0000 28573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

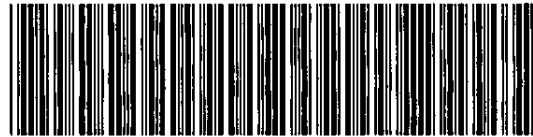
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Beach Surgery Center, 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:

Krishna Tripuraneni

Name of Person

Palm Beach Surgery Center, LLC

Firm/Company

1157 South State Road 7

Address

Wellington, FL 33414-6101

City/State and Zip Code

ktgastro@gmail.com

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

For further information concerning this matter, please call:

Krishna Tripuraneni

Name of Person

at (561) 795-3330

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

Palm Beach Surgery Center, LLC

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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

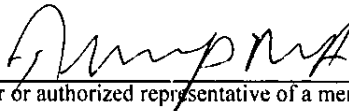
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Venkat Tripuraneni	1157 South State Road 7, Wellington, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Secretary	Venkat Tripuraneni	1157 South State Road 7, Wellington, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 6/26, 2014.



Signature of a member or authorized representative of a member

Krishna Tripuraneni

Typed or printed name of signee

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Filing Fee: \$25.00

14 JUL -3 AM 11:16
FILED