

**L02000030761**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

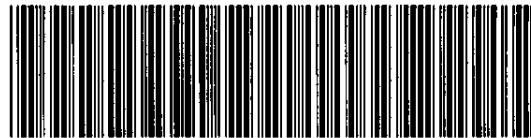
(Business Entity Name)

(Document Number)

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09/23/10--01031--011 \*\*30.00

**FILED**  
**10 SEP 30 PM 4:28**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

SEP 30 2010

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2010

ISDELMY QUINTANA  
4125 NW 78 LANE  
CORAL SPRINGS, FL 33065

SUBJECT: HOME DOCTORS, LLC  
Ref. Number: L02000030761

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TALLAHASSEE, FLORIDA

We have received your document for HOME DOCTORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at [www.sunbiz.org](http://www.sunbiz.org). Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

The total amount due to reinstate is \$516.25.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 610A00022769

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home Doctors, 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:

Isdelmi Quintana

Name of Person

Home Doctors, LLC

Firm/Company

4125 nw 78 lane

Address

Coral Springs, FL 33065

City/State and Zip Code

ide@homedrs.net

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

For further information concerning this matter, please call:

Isdelmi Quintana

Name of Person

at ( 786 ) 277-4145

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

**ARTICLES OF AMENDMENT  
• TO  
ARTICLES OF ORGANIZATION  
OF**

Home Doctors, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/08/2002 and assigned  
Florida document number L02000030761.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Home Drs, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

4125 NW 78 Lane

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Springs, FL 33065

**Enter new mailing address, if applicable:**

4125 NW 78 Lane

**(Mailing address MAY BE A POST OFFICE BOX)**

Coral Springs, FL 33065

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Isdelmi Quintana

New Registered Office Address:

4125 NW 78 Lane

*Enter Florida street address*

Coral Springs

, Florida

33065

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*(Signature)*  
**If Changing Registered Agent, Signature of New Registered Agent**

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

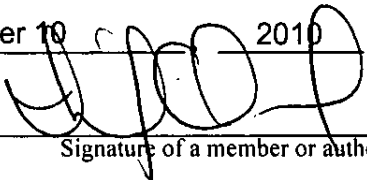
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres	Isdelmi Quintana	4125 NW 78 Lane Coral Springs, FL 33065	<input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 10, 2010



Signature of a member or authorized representative of a member

Isdelmi Quintana

Typed or printed name of signee

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TALLAHASSEE, FLORIDA