

L030000 30275

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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15 JUN 30 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 2 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Total Vitality Medical Group, 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:

Lorrie L. White

Name of Person

Total Vitality Medical Group, LLC

Firm/Company

24945 US Highway 19 North

Address

Clearwater, Florida 33763

City/State and Zip Code

Lorrie@totalvitalitymedical.com

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

For further information concerning this matter, please call:

Lorrie L. White

727 953-6743
at ()

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

609 Medical Care Drive
Brandon, FL 33511
Phone: 813-867-7323
Fax: 813-662.3207

4100 W Kennedy Blvd. Suite 114
Tampa, FL 33609
Phone: 813-283-1910
Fax: 813-283-0477



24945 US Highway 19 North,
Clearwater, Florida 33763
Phone: 727-726-1460
Fax: 727-724-9705

6710 Embassy Blvd., Suite 105
Port Richey, Florida 34668
Phone: 727-848-3377
Fax: 727-848-3534

1001 37th Street North, Suite D
St. Petersburg, FL 33713
Phone: 727-914-9130
Fax: 727-914-9131

June 24, 2015

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Secretary,

RE: Total Vitality Medical Group, LLC and Suncoast MUA, LLC

Thank you for your letters dated June 15, 2015. I apologize for sending the wrong form and appreciate you pointing out the error. I have prepared the documents as sent to me in your letters. I hope that I have them correct on this occasion.

Please note that the fee for adding a partner is \$25.00. I sent \$61.25 along with each of the previous letter and respectfully request a refund of \$36.25 for each of those companies.

Please feel free to contact me at the number below if you have any questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Lorrie L. White'.

Lorrie L. White
Financial Controller/Administrator
(727) 953-6743 (direct)
(813) 777-6641 (cell)

RECEIVED
15 JUN 30 AM 8:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

Enc: Executed Amendment to the Articles or Organization – Suncoast MUA, LLC
Executed Amendment to the Articles or Organization – Total Vitality Medical Group, LLC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2015

LORRIE L WHITE
TOTAL VITALITY MEDICAL GROUP
24945 US HWY 19 NORTH
CLEARWATER, FL 33763

SUBJECT: TOTAL VITALITY MEDICAL GROUP LLC
Ref. Number: L03000030275

We have received your document for TOTAL VITALITY MEDICAL GROUP LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP (LP), but your entity is a LIMITED LIABILITY COMPANY (LLC). Please complete and return the enclosed blank form(s).

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 315A00012494

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

TOTAL VITALITY MEDICAL GROUP, 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 August 14, 2003 and assigned
Florida document number L03000030275.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Adam S. Rosoff	3543 Shoreline Circle, Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 24, 2015

Richard A. Altshuler

Brian G. Wolstein

Typed or printed name of signee

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15 JUN 30 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA