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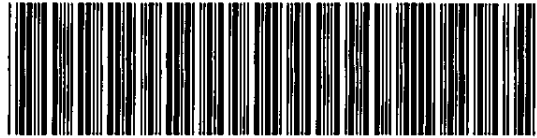
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHYSICIAN HEALTHCARE ASSOCIATES, 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:

KERTCH J. CONZE, ESQ.

(Name of Person)

LAW OFFICES OF KERTCH CONZE, P.A.

(Firm/Company)

801 N.E. 167 STREET, SECOND FLOOR

(Address)

NORTH MIAMI BEACH, FL 33162

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

KERTCH J. CONZE, ESQ. at ( 305 ) 455.2040 XT 245  
(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

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

**PHYSICIAN HEALTHCARE ASSOCIATES, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 09/02/04 and assigned document number L04000065283.

**SECOND:** This amendment is submitted to amend the following:

MAGALIE D. AUSTIN (SHALL REMAIN AS): MGRM

YOLENE CASIMIR (SHALL BE ADDED AS): MGRM

MARIE L. BARTHELEMY (SHALL BE ADDED AS): MGRM

**FILED**  
2007 MAY 15 P 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated April 6<sup>th</sup> 4-6-07, 2007.

Magalie D Austin  
Signature of a member or authorized representative of a member

**MAGALIE DESROCHES AUSTIN**

Typed or printed name of signee

**Filing Fee: \$25.00**