

L04000068272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

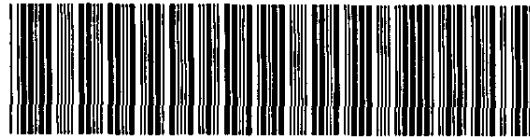
(Document Number)

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Special Instructions to Filing Officer:

Amend

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13 OCT 21 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 24 2013

P-4

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDSTAT URGENT CARE CENTERS, P.L.**  
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:

**Robert Rodriguez**

Name of Person

Firm/Company

**12 Elaine Court**

Address

**Woodcliff Lake, NJ 07677**

City/State and Zip Code

**secureinfo@helixcares.com**

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

For further information concerning this matter, please call:

**Robert Rodriguez**

Name of Person

at ( **917** ) **660-3779**

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**

**MEDSTAT URGENT CARE CENTERS, P.L.**

(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 09/17/2004 and assigned  
Florida document number L04000068272.

This amendment is submitted to amend the following:

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

**MEDSTAT URGENT CARE CENTERS, L.L.C.**

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:**

(Principal office address MUST BE A STREET ADDRESS)

MedStat Urgent Care Centers	13	<b>FILED</b>
6522 SE KANNER HWY	OCT 21 AM 11:25	
STUART, FL 34997	CLERK OF STATE	
	TALLAHASSEE, FLORIDA	

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

(Mailing address MAY BE A POST OFFICE BOX)

Robert Rodriguez
12 Elaine Court
Woodcliff Lake, NJ 07677

**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:

Robert Rodriguez

New Registered Office Address:

15757 Pines Blvd #282

*Enter Florida street address*

Pembroke Pines

*City*

, Florida 33027

*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.*

Robert Rodriguez  
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>
MGRM	BUGGIA, MARY AMD, MBA	7741 BELMONT DRIVE	<input type="checkbox"/> Add
		LAKE WORTH, FL	<input checked="" type="checkbox"/> Remove
		33467	
MGR	SORRENTINO, ANTHONY DO	7741 BELMONT DRIVE	<input type="checkbox"/> Add
		LAKE WORTH, FL	<input checked="" type="checkbox"/> Remove
		33467	
MGRM	Robert Rodriguez	12 Elaine Court	<input checked="" type="checkbox"/> Add
		Woodcliffk Lake, NJ	<input type="checkbox"/> Remove
		07677	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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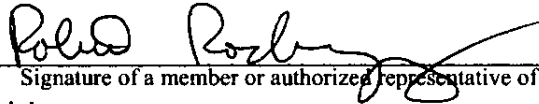
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3 OCT 21 AM 11:29

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

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

Dated October 31, 2013.



Signature of a member or authorized representative of a member

Robert Rodriguez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 OCT 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA