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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Florida Pharmacies, 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:

Lonnie Draper, MD

(Name of Person)

(Firm/Company)

3411 Capital Medical Boulevard

(Address)

Tallahassee, Florida 32312

(City/State and Zip Code)

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For further information concerning this matter, please call:

Lonnie Draper, MD

(Name of Person)

at (850) 893-9744

(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 &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

North Florida Pharmacies, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on October 18, 2004 and assigned document number L04000075954.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Name changed from North Florida Pharmacies, LLC
to

North Florida Physician Dispensing, LLC

Dated April 8, 2005, _____.



Signature of a member or authorized representative of a member

Lonnie Draper, MD

Typed or printed name of signee

Filing Fee: \$25.00