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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

C. LEWIS
MAY 31 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: River Jordan Cardiovascular Health, 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:

Eric J Crall, M.D.

Name of Person

River Jordan Cardiovascular Health, LLC

Firm/Company

14849 Tudor Chase Dr

Address

Tampa, FL 33626

City/State and Zip Code

ecrall@tampabay.rr.com

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

For further information concerning this matter, please call:

Eric J Crall, M.D.

Name of Person

at (727) 580-0927

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. -If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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13 MAY 30 AM 11:17

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Dated May 23, 2013



Signature of a member or authorized representative of a member

Eric J Crall, M.D.

Typed or printed name of signee

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Filing Fee: \$25.00