

L076000030588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

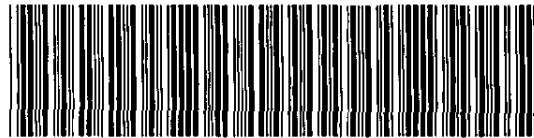
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

JUN 11 2015

T. HAMPTON

Date: 06/09/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: T000414

ENTITY NAME: EDCARE CONSULTING, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: CERTIFIED COPY

Authorized Amount: \$55

Signature: Michelle Walker

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDCare Consulting, 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:

Frank Springer

Name of Person

Hospital Physician Partners

Firm/Company

300 S. Park Road, Suite 400

Address

Hollywood, FL 33021

City/State and Zip Code

legal@hppartners.com

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

For further information concerning this matter, please call:

Frank Springer

at (954) 981-6383

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

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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 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	EDCare Management, Inc.	300 S. Park Road, Suite 400	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Schillinger	300 S. Park Road, Suite 400	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sarah C.H. Crass	1300 Riverplace Blvd, Suite 300	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	David Schillinger, MD	300 S. Park Road, Suite 400	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 9, 2015

June 9
Harold Schellinger
Signature

Signature of a member or authorized representative of a member

David Schillinger, MD

Typed or printed name of signee

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