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DIVISION OF CORPORATIONS
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J. BRYAN

MAY 30 2008

EXAMINER



Island Medical & Business Center
1648 Periwinkle Way, Suite B • Sanibel, FL 33957
Tel: 239.344.1100 • Fax: 239.472.5129 • www.henlaw.com

Fort Myers • Bonita Springs

Reply to
Richard A. Collman
Direct Fax Number 239.344.1511
Direct Dial Number 239.344.1352
E-Mail: richard.collman@henlaw.com

May 28, 2008

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment to Articles of Organization
Sanibel Captiva Medical Center, LLC

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DIVISION OF CORPORATIONS
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Dear Sir or Madam:

Enclosed herein are:

- 1) Operating check # 491316 in the amount of \$25.00, representing the filing fee for the name change from Sanibel Captiva Medical Center, LLC to Tarpon Bay Medical Center, LLC;
- 2) Cover letter and executed Amendment to Articles of Organization.

Thank you for your attention to this matter. We look forward to receipt of your confirmation letter, subsequent to filing of the document. If you have any questions, please do not hesitate to contact us.

Very truly yours,

Richard A. Collman

RAC/mel
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANIBEL CAPTIVA MEDICAL CENTER, 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:

Richard A. Collman, Esq.

(Name of Person)

Henderson, Franklin, Starnes & Holt, PA

(Firm/Company)

1648 Periwinkle Way, Suite B

(Address)

Sanibel, FL 33957

(City/State and Zip Code)

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For further information concerning this matter, please call:

Richard A. Collman

(Name of Person)

at (239) 344-1352

(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**

SANIBEL CAPTIVA MEDICAL CENTER, LLC

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

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DIVISION OF CORPORATIONS
08 MAY 29 PM 1:55

The Articles of Organization for this Limited Liability Company were filed on 4/16/2007 and assigned
Florida document number L07000040377.

This amendment is submitted to amend the following:

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

TARPON BAY MEDICAL CENTER, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Enter Florida street address)

, Florida

(City)

(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.

(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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated May 16, 2008.

John D. Schubert, Member

Signature of a member or authorized representative of a member

JOHN D. SCHUBERT

Typed or printed name of signee

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DIVISION OF CORPORATIONS