

L070000042435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

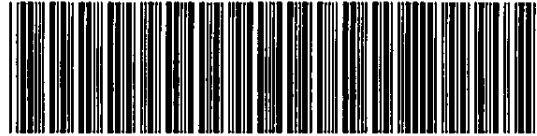
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400106166504

07/18/07--01036--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 18 PM 1:20

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broward Family Medical Group, L.L.C.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Glen A. Waskin, D.O., P.A.
(Contact Person)

Broward Family Medical Group
(Firm/Company)

2701 N.E. 14 Street Cswy., Suite 5
(Address)

Pompano Beach, FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

Glen A. Waskin at (954) 783-3467
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 18 PM 1:20

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

Broward Family Medical Group, L.L.C.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on April 19, 2007 and assigned document number L07000042435.

SECOND: This amendment is submitted to amend the following:

Gloria Kaplan - No longer managing member.

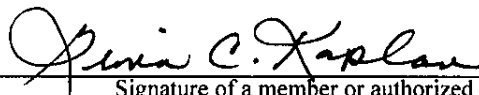
New Managing Members:

Glen A. Waskin, D.O., P.A.

Babak Sheikh, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 18 PM 1:20

Dated July 13, 2007.



Signature of a member or authorized representative of a member

Gloria Kaplan

Typed or printed name of signee

Filing Fee: \$25.00