

Lb 700 0075663

(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



200186236502

10/07/10--01028--004 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT - 7 PM 12:10

T. HAMPTON

OCT - 7 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEST BROWARD URGENT CARE, 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:

John I. Halpern, D.O.

Name of Person

UrgentMed 17th Street Causeway, Inc

Firm/Company

721 SE 17th Street Causeway, 2nd Floor

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

john.halpern@urgentmdnow.com

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

For further information concerning this matter, please call:

John I. Halpern, D.O.

Name of Person

at (954)

915-3838

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**

WEST BROWARD URGENT CARE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 23, 2007 and classified as

Florida document number L07000075663

This amendment is submitted to amend the following:

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

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)

721 SE 17th Street Causeway, Inc., 2nd Flr
Fort Lauderdale, Florida 33316

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: Bernard M. Cassidy, Esq.

New Registered Office Address: 200 S Andrews Avenue

Enter Florida street address

Fort Lauderdale, Florida 33301
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.

Bernard M. Cassidy
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>
MGRM	Lobel, James S	400 N Congress Avenue West Palm Beach, Florida 33401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	UrgentMed 17th Street Causeway, Inc	721 SE 17th Street Causeway, 2nd FL Fort Lauderdale, Florida, 33316	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 10 OCT - 7 PM 2:10

Dated September 30, 2010

John I. Halpern, D.O.
 Signature of a member or authorized representative of a member
John I. Halpern, D.O., MGRM
 Typed or printed name of signee