

LO7000106009

(Requestor's Name)



Family Medical Care of Palm Coast  
Antonio S. Vicencio III, M.D.  
21 Hospital Drive, Suite 230  
Palm Coast, Florida 32164  
(386) 586-3466

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

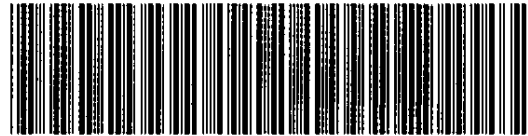
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE

AUG 10 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Family Medical Care of Palm Coast, 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:

Antonio S Vicencio III

Name of Person

Family Medical Care of Palm Coast, LLC

Firm/Company

21 Hospital Drive Suite 230

Address

Palm Coast, Florida 32164

City/State and Zip Code

avicenciomd@yahoo.com

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

For further information concerning this matter, please call:

Cecilia H Vicencio

Name of Person

at ( 386 )

586-3466

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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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Family Medical Care of Palm Coast, 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 October 18, 2007 and assigned Florida document number L07000106009.

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)**

21 Hospital Drive

Suite 230

Palm Coast, Florida 32164

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

PO Box 354339

Palm Coast, Florida 32135-4339

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**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

Title	Name	Address	Type of Action
MGRM	Cecilia H Vicencio	21 Hospital Drive Suite 230 Palm Coast, Florida 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kristopher A Vicencio	21 Hospital Drive Suite 230 Palm Coast, Florida 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jacqueline G Vicencio	21 Hospital Drive Suite 230 Palm Coast, Florida 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kenneth L Vicencio	21 Hospital Drive Suite 230 Palm Coast, Florida 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jonathan A Vicencio	21 Hospital Drive Suite 230 Palm Coast, Florida 32164	<input checked="" 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated August 2, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Antonio S Vicencio III

Typed or printed name of signee