

LO7000106009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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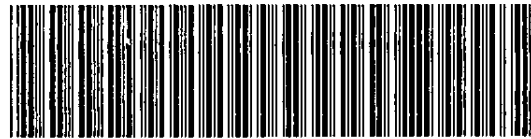
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 27 PM 12:26

N. O'Leary JAN 28 2011

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:

CECILIA H VICENCIO

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

FAMILYMEDICALCAREPC@GMAIL.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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 27 PM 12:26

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 10/18/2007 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)

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

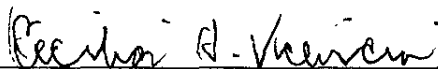
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR Vice President	CECILIA H VICENCIO	21 HOSPITAL DR SUITE 230 PALM COAST, FL 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR Public Relation	KRISTOPHER VICENCIO	21 HOSPITAL DR SUITE 230 PALM COAST, FL 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR Administrator	JACQUELINE VICENCIO	21 HOSPITAL DR SUITE 230 PALM COAST, FL 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR Secretary	KENNETH VICENCIO	21 HOSPITAL DR SUITE 230 PALM COAST, FL 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR Treasurer	JONATHAN VICENCIO	21 HOSPITAL DR SUITE 230 PALM COAST, FL 32164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CECILIA H VICENCIO	21 HOSPITAL DR SUITE 230 PALM COAST, FL 32164	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

PLEASE REMOVE ALL THE NAMES ABOVE AS MGRM, WE ARE ONLY MGR
ATTACHMENT BELOW ADDED. THANK YOU.

* KENNETH: REMOVE MGRM * JONATHAN: REMOVE MGRM
* KRISTOPHER: REMOVE MGRM * JACQUELINE: REMOVE MGRM

Dated JANUARY 17, 2010



Signature of a member or authorized representative of a member

CECILIA H VICENCIO

Typed or printed name of signee

11 JAN 27 PM 12:26

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DIVISION OF CORPORATIONS