

207000115435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

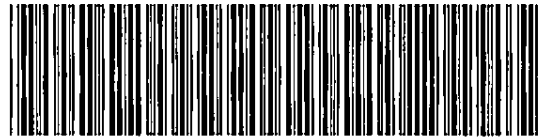
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. PRAHLE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

PATRICK LUBITSKY
PATIENT CARE FIRST NETWORK, LLC
5024 NW 27TH CT., STE A
GAINESVILLE, FL 32606

SUBJECT: PATIENT CARE FIRST NETWORK, LLC
Ref. Number: L07000115435

We have received your document for PATIENT CARE FIRST NETWORK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state what Type of Action, whether you are Add, Remove or Change, please check the box that applies.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 718A00018771

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patient Care First Network, 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:

Patrick Lubitsky
Name of Person

Patient Care First Network, LLC
Firm/Company

5024 NW 27TH Ct. Ste A
Address

Gainesville, FL 32606
City/State and Zip Code

p.lubitsky@physicianscarenetwork.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Lubitsky at (352) 371-9999
Name of Person 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Patient Care First Network, 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 3/13/07 and assigned
Florida document number L07000115435.

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 contain 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	E.L. Roche, Jr	25 W. Cedar St. Ste. 515 Pensacola, FL 32502	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Alex F. Change	601 S. Harbour Island Blvd. Ste. 213-A Tampa, FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Petamber L. Pahuja	601 S. Harbour Island Blvd. Ste. 213-A Tampa, FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
S/T	James West	25 W. Cedar St. Ste 515 Pensacola, FL 32502	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Dir	William Whibbs	25 W. Cedar St. Ste. 515 Pensacola, FL 32502	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Dir	William Zimmern	25. W. Cedar St. Ste. 515 Pensacola, FL 32502	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Patrick Lubitsky
Typed or printed name of signee

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SECOND DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA
4222