

L070000120504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

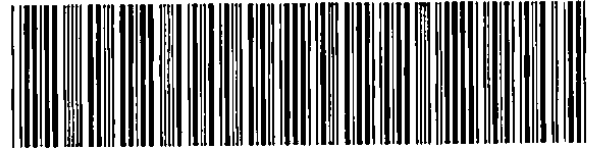
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300399478483

FILED
2023 FEB -8 AM 8:50
TALLAHASSEE, FL
STATE

RECEIVED
2023 FEB -8 AM 10:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Oncology Medical Associates of Florida, 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:

Madison Botsch

Name of Person

Waller

Firm/Company

511 Union Street, Suite 2700

Address

Nashville, TN 37215

City/State and Zip Code

madison.botsch@wallerlaw.com

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

For further information concerning this matter, please call:

Madison Botsch

615

850-8774

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2023

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: UNITED ONCOLOGY MEDICAL ASSOCIATES OF FLORIDA, LLC
Ref. Number: L07000120504

We have received your document for UNITED ONCOLOGY MEDICAL ASSOCIATES OF FLORIDA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 023A00003132

RECEIVED
2023 FEB -9 PM 3:17
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 02/08/2022

Acc#I20160000072

en: c 2/11

Name:	United Oncology Medical Associates of Florida, LLC
Document #:	
Order #:	14764175 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report No <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

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

FILED

2023 FEB -8 AM 8:51

United Oncology Medical Associates of Florida, LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/04/2007 and assigned
Florida document number 1.07000120504.

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 "LLC."

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)

8700 North Kendall Drive, Suite 100, Miami, FL 33176

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation


City

Florida 33324

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.



Meredith Hellwig, Assistant Secretary

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	Oncology Care Partners of Florida, LLC	8700 North Kendall Drive, Suite 100	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Erich Mounce	8700 North Kendall Drive, Suite 100	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Paul Michael	8740 N. Kendall Drive, Suite 110	<input type="checkbox"/> Add
		Miami, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Financial Officer	Ailod Marrero	8740 N. Kendall Drive, Suite 110	<input type="checkbox"/> Add
		Miami, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

