

L08000002934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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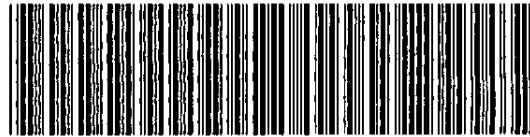
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB -3 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2011

PETER LAMELAS
2007 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33409

SUBJECT: MD NOW URGENT CARE WALKIN MEDICAL CENTER OF BOCA
RATON, LLC
Ref. Number: L08000002934

We have received your document for MD NOW URGENT CARE WALKIN
MEDICAL CENTER OF BOCA RATON, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a
member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please
(850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 811A00002273

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MD Now Urgent Care Walk in Medical Center of Boca Raton, 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:

Peter Lamelas, MD

Name of Person

MD Now Medical Centers, Inc.

Firm/Company

2007 Palm Beach Lakes Blvd.

Address

West Palm Beach, FL 33409

City/State and Zip Code

pldoc@aol.com

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

For further information concerning this matter, please call:

Lori Shumaker

Name of Person

at (561) 420-8555 ext. 201

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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TALLAHASSEE, FL
SECRETARY OF STATE

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

MD Now Urgent Care Walk In Medical Center of Boca Raton, 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 01/08/2008 and assigned
Florida document number L08000002934.

This amendment is submitted to amend the following:

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

MD Now of Boca Raton, LLC

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)

7035 Bercasa Way, Suite 105

Boca Raton, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2007 Palm Beach Lakes Blvd.

West Palm Beach, FL 33409

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

City, Florida 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

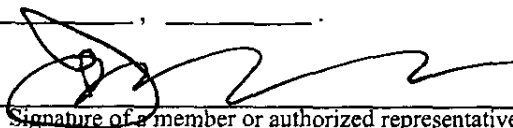
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<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)*

Dated _____



Signature of a member or authorized representative of a member

Peter Lamelas MD

Typed or printed name of signee

2011 FEB 2 PM 12:56
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA