

LD80000016311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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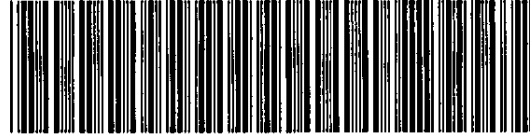
(Business Entity Name)

(Document Number)

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SEP 22 2015  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Copia Health Care, 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:

Thomas N. Taylor  
Name of Person

QPS Medical Mgmt  
Firm/Company

9345 Glidden Ct  
Address

Wellington, FL 33414  
City/State and Zip Code

RN4MOON@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula L. Taylor at (561) 379-8977  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**TO  
ARTICLES OF ORGANIZATION  
OF**

Copia Health Care, 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 02/14/2008 and assigned Florida document number L08000016311.

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)**

1650 SAND LAKE RD

Suite 270

Orlando, FL 32809

**Enter new mailing address, if applicable:**

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

1650 Sand Lake Rd

Suite 270

Orlando, FL 32809

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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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President/</u> <u>Secretary</u>	<u>Swagman, Matthew</u>	<u>201 N. Franklin St</u>	<input type="checkbox"/> Add
		<u>Suite 2000</u>	<input checked="" type="checkbox"/> Remove
		<u>Tampa, FL 33602</u>	<input type="checkbox"/> Change
<u>VP/</u> <u>Treasurer</u>	<u>Swagman, Breanna</u>	<u>201 N. Franklin St</u>	<input type="checkbox"/> Add
		<u>Suite 2000</u>	<input checked="" type="checkbox"/> Remove
		<u>Tampa, FL 33602</u>	<input type="checkbox"/> Change
<u>Resident/</u> <u>Secretary</u>	<u>Thomas N. Taylor</u>	<u>9345 Glidden Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Wellington, FL 33414</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input checked="" type="checkbox"/> Change
<u>VP/treasurer</u>	<u>Paula L. Taylor</u>	<u>9345 Glidden Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Wellington, FL 33414</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
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Lined area for document content.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 9-18, 2015

Paula L Taylor

Signature of a member or authorized representative of a member

Paula L. Taylor

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

COPIA HEALTH CARE, LLC

**Filing Information**

Document Number	L08000016311
FEI/EIN Number	26-2418660
Date Filed	02/14/2008
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	07/14/2015
Event Effective Date	NONE

**Principal Address**9345 GLIDDEN CT  
WELLINGTON, FL 33414

Changed: 07/14/2015

**Mailing Address**9345 GLIDDEN CT  
WELLINGTON, FL 33414

Changed: 07/14/2015

**Registered Agent Name & Address**TAYLOR, THOMAS N  
9345 GLIDDEN CT  
WELLINGTON, FL 33414

Name Changed: 06/26/2014

Address Changed: 07/14/2015

**Authorized Person(s) Detail****Name & Address**FILED  
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**Title Manager**

TAYLOR, THOMAS N  
3819 MURRELL ROAD  
SUITE C  
ROCKLEDGE, FL 32955

**Title President, Secretary**

Saagman, Matthew  
201 N Franklin St  
Suite 2000  
Tampa, FL 33602

**Title VP, Treasurer**

Saagman, Breanna  
201 N Franklin St  
Suite 2000  
Tampa, FL 33602

**Title CEO**

TAYLOR, THOMAS N  
9345 GLIDDEN CT  
WELLINGTON, FL 33414

**Annual Reports**

Report Year	Filed Date
2013	12/16/2013
2014	06/26/2014
2015	04/16/2015

**Document Images**

07/14/2015 -- LC Amendment  
04/16/2015 -- ANNUAL REPORT  
06/26/2014 -- ANNUAL REPORT  
12/16/2013 -- REINSTATEMENT  
02/29/2012 -- ANNUAL REPORT  
10/11/2011 -- REINSTATEMENT  
04/21/2010 -- ANNUAL REPORT  
04/02/2009 -- ANNUAL REPORT

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