

12/20/2016

Division of Corporations

Resubmission, keep

Resubmission, keep file Florida Department of State file date of
date of 12/20/2016. **L08000027576**

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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

Resubmission, keep file
date of 12/20/2016.

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAKEVIEW HEALTH GROUP, LLC**

Resubmission,
keep file date of
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December 21, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAKEVIEW HEALTH GROUP, LLC
2701 GATEWAY DRIVE
POMPANO BEACH, FL 33069US

SUBJECT: LAKEVIEW HEALTH GROUP, LLC
REF: L08000027576

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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 call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000311489
Letter Number: 816A00027067

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakeview Health Group, 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:

Benjamin Pogany

Name of Person

Jones Day

Firm/Company

901 Lakeside Ave E

Address

Cleveland, OH 44114

City/State and Zip Code

bpogany@jonesday.com

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

For further information concerning this matter, please call:

Benjamin Pogany

at 216 586-7657

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

Lakeview Health Group, 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 March 17, 2008 and assigned Florida document number L08000027576.

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)

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.

Chris Rickard

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>
MGR	Roy Serpa	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
MGR	David Powell	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
MGR	Hunter Peterson	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
MGR	Steven Burns	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
MGR	Jack Cardwell	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
CFO	Richard Cooper	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change

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Dated December 20, 2016

th. A. R. Pen.

Signature of a member or authorized representative of a member

Hunter Peterson

Typed or printed name of signee

Filing Fee: \$25.00