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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 22 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Career Institute, 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:

Richard Gonzalez

Name of Person

MEDICAL CAREER INSTITUTE

Firm/Company

9200 Bonita Beach Road Suite 203

Address

Bonita Springs, FL 34135

City/State and Zip Code

Rescue024@aol.com

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

For further information concerning this matter, please call:

Richard Gonzalez

Name of Person

at (954)

445-4828
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

FILED

Medical Career Institute, LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records, TALLAHASSEE, FLORIDA
(A Florida Limited Liability Company))

Page 1 of 2

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>
MGR	Sergio Castillo	500 SW 64th Parkway Pembroke Pines, FL 33023	☐ Add ☒ Remove
MGR	Otto Gonzalez	8741 NW 153rd Terr Hialeah, FL 33018	☒ Add ☐ Remove
MGR	Klaudia Contreras	2002 Jacklin Court Naples, FL 34120	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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

Richard Gonzalez

Typed or printed name of signee

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TALLAHASSEE, FLORIDA