

LD8000060943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W
MAY 12 2012

L. SELLERS
L. SELLERS

Office Use Only



200230080532

04/23/12--01008--005 **35.00

FILED
12 MAY 10 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Horizons Medical OB/GYN Consultants, 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:

Loretta Anello

Name of Person

New Horizons Medical OB/GYN Consultants, LLC

Firm/Company

3001 W. Hallandale Bch Blvd # 200

Address

Hallandale, Florida 33009

City/State and Zip Code

loretta703@aol.com

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

For further information concerning this matter, please call:

Loretta Anello

Name of Person

at (386) 214-8493

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2012

LORETTA ANELLO
3001 W. HALLANDALE BEACH BLVD., #200
HALLANDALE, FL 33009

SUBJECT: NEW HORIZONS MEDICAL OB/GYN CONSULTANTS, LLC
Ref. Number: L08000060943

We have received your document for NEW HORIZONS MEDICAL OB/GYN CONSULTANTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 412A00012590

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NEW HORIZONS MEDICAL OB/GYN CONSULTANTS, 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 04/10/2012 and assigned
Florida document number L08000060943.

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 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)

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:

Loretta Anello

New Registered Office Address:

3001 W. Hallandale Bch Blvd # 200

Enter Florida street address

Hallandale,

City

Florida

33009

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.

Loretta Anello
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>
MGRM	Wayne DiGiacomo	3001 W. Hallandale Bch Blvd # 200 Hallandale, Florida 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Eric Rothschild, MD	3001 W. Hallandale Bch Blvd # 200 Hallandale, Florida 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Loretta Anello	3001 W. Hallandale Bch Blvd # 200 Hallandale, Florida 33009	<input checked="" 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 04/30/2012L


 Signature of a member or authorized representative of a member
 Loretta Anello
 Typed or printed name of signee