

L08000074328

(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:

Office Use Only



200162641842

11/24/09--01017--013 **25.00

FILED

09 DEC 14 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
J. BRYAN NOV 25 2009

J. BRYAN

DEC 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DBS DIAGNOSTICS, L.L.C.
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:

David R. Sabin

Name of Person

David R. Sabin, Attorney at Law

Firm/Company

115 E. Michigan Avenue

Address

Grayling, MI 49738

City/State and Zip Code

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

For further information concerning this matter, please call:

David R. Sabin

Name of Person

at (989) 348-5588

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
09 DEC 14 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2009

DAVID R. SABIN
DAVID R. SABIN, ATTORNEY AT LAW
115 E. MICHIGAN AVENUE
GRAYLING, MI 49738

SUBJECT: DBS DIAGNOSTICS, L.L.C.
Ref. Number: L08000074328

FILED
09 DEC 14 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DBS DIAGNOSTICS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 609A00036523

12/8/09 Enclosed you will find the Articles of Amendment to Articles of Organization of DBS Diagnostics, L.L.C. to DBS Diagnostics, P.L. The Reinstatement was filed online on this date. The annual report was filed and the fee of \$138.75 was paid on this date. The confirmation number is 900163437429. Please contact this office if further information is necessary. Thank you.

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

FILED
09 DEC 14 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DBS DIAGNOSTICS, L.L.C.

(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 08/01/2008 and assigned
Florida document number L08000074328.

This amendment is submitted to amend the following:

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

DBS DIAGNOSTICS, P.L.

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)

601 Channelside Walkway

Apt 1432

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 Channelside Walkway

Apt 1432

Tampa, FL 33602

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:

601 Channelside Walkway, apt 1432

Enter Florida street address

Tampa

Florida

33602

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 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

FILED
 19 DEC 11 AM 8:07
 U.S. DEPT. OF JUSTICE
 SECRETARIAT
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

the diagnosis of conditions of the human eye and its appendages; the employment of any objective or subjective means or methods, including the administration of topical ocular pharmaceutical agents, for the purpose of determining the refractive powers of the human eyes, or any visual, muscular, neurological, or anatomic anomalies of the human eyes and their appendages; and the prescribing and employment of lenses, prisms, frames, mountings, contact lenses, orthoptic exercises, light frequencies, and any other means or methods, including topical ocular pharmaceutical agents, for the correction, remedy, or relief of any insufficiencies or abnormal conditions of the human eyes and their appendages.

Dated

November 20, 2009



Signature of a member or authorized representative of a member

David R. Sabin, authorized representative for David B. Sabin

Typed or printed name of signee