

108 000 111 218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

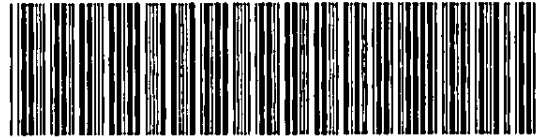
(Business Entity Name)

(Document Number)

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108 000 111 218

2021 JUL -6 PM 1:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Medical Directors, 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:

Brittany Gray
Name of Person
CFP Physician Group
Firm/Company
985 State Road 436
Address
Casselberry, FL 32707
City/State and Zip Code
Brittany.gray@cfppg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Gray at (407) 831-5252
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Central Florida Medical Directors, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Adrian L. Burrowes	985 State Road 436	<input type="checkbox"/> Add
		Casselberry, FL 32707	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Venkatesh P. Nagalapadi	985 State Road 436	<input checked="" type="checkbox"/> Add
		Casselberry, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Akila Balasubramanian	985 State Road 436	<input checked="" type="checkbox"/> Add
		Casselberry, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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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

7/2/21

Brittany Gray

Signature of a member or authorized representative of a member

Brittany Gray

Typed or printed name of signer