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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

NOV 3 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sheridan Medical Centre
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:

Name of Person
Sheridan Medical Centre
Firm/Company
2404 N. University Dr.
Address
Pembroke Pines, FL 33024
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NADIA UNOLD at 954) 885-9874
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Sheridan Medical Centre

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>
MGRM	Joseph M. Ossorio	2404 N. University Dr. Pembroke Pines, FL 33024	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ 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
 Joseph M. Ossorio
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA