

L08000 117345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

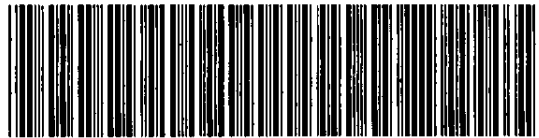
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400162655854

11/19/09--01028--006 **25.00

FILED
09 NOV 19 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

NOV 20 2009

EXAMINER

**TO: Registration Section
Division of Corporations**

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Medical Investors Services, LLC

Page 1 of 2

FILED
09 NOV 19 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
LC The abbreviation

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

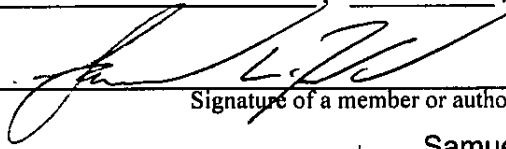
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Muyres	P O Box 2426 Orange Park, FL 32067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	William Muyres	1675 Eagle Harbor Parkway Orange Park, FL 32003	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Juan Luis-Jorge	4114 Alhambra Drive West Jacksonville, FL 32207	<input type="checkbox"/> Add <input checked="" 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

09 NOV 19 PM 1:33
SECRETARY OF
TALLAHASSEE, FLORIDA

FILED

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

Dated November 17, 2009



 Signature of a member or authorized representative of a member
 Samuel Todd

 Typed or printed name of signee