## 108000117784

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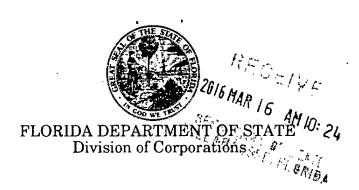


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K.SALY EXAMINER



January 22, 2016

EAST COAST INTERNAL MEDICINE, LLC CARLOS MARTINEZ-SOLIS, M.D. 1901 FABIEN CIR. MELBOURNE, FL 32940

SUBJECT: EAST COAST INTERNAL MEDICINE, LLC

Ref. Number: L08000117784

We have received your document for EAST COAST INTERNAL MEDICINE, 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.

Letter Number: 116A00001503

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division of Corporations			
SUBJECT: EAST COAST IN	UTERNAL MEDICINE, LLE		
, Name of Lin	nited Liability Company		
Dear Sir or Madam:	·		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
CARLOS MANTINEC -SOLI Name of Person	15 M.D.		
EAST COAST INTERNAL ME. Firm/Company	OLCINE		
1901 FABION CIC Address			
MECBOURNE, FL 329. City/State and Zip Code	40		
E-mail address: (to be used for future annual repo	rt notification)		
For further information concerning this matter, please of	call:		
CANOS MARTINEZ - SOUS at (	780) <u>574-1008</u> Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amoun	<b>t:</b>		
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)