

L08000117784

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 17 --



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 MAR 16 AM 10:24  
SECRET  
FLORIDA

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 116A00001503

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST COAST INTERNAL MEDICINE, LLC.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS MARTINEZ-SOLIS, M.D.  
Name of Person

EAST COAST INTERNAL MEDICINE  
Firm/Company

1901 FABIAN CIR  
Address

MELBOURNE, FL 32940  
City/State and Zip Code

C.martinez-solis@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS MARTINEZ-SOLIS at ( 781 ) 574-1008  
Name of Person 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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

