

LD 9000027945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

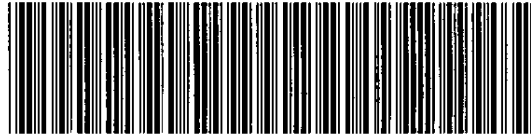
(Document Number)

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FILED
09 APR 20 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Quinn APR 21 2009



April 16, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Volusia-Flagler Vascular Center LLC

To Whom It May Concern:

Enclosed you will find the Articles of Amendment to Articles of Organization of Volusia-Flagler Vascular Center LLC. The Florida document number is L09000027945. The Articles of Amendment is requesting to change Janet R. Dees from a Manager to a Managing Member. It also requests the addition of seven Managers.

You will also find enclosed a check for the \$25.00 filing fee for this request.

Please do not hesitate to contact me if you have any questions or require further information. My contact information is below.

Thank you for your assistance.

Sincerely,

Wendy Unger
Administrator
Phone: 727-474-0090
Fax: 727-474-3745
wunger@americanvascularaccess.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Volusia-Flagler Vascular Center 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:

Janet R. Dees

(Name of Person)

American Vascular Access LLC

(Firm/Company)

1058 N. Keene Rd.

(Address)

Dunedin, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet R. Dees

(Name of Person)

at (727) 474-0092

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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09 APR 20 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Volusia-Flagler Vascular Center LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03-18-09 and assigned
Florida document number L09000027945.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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

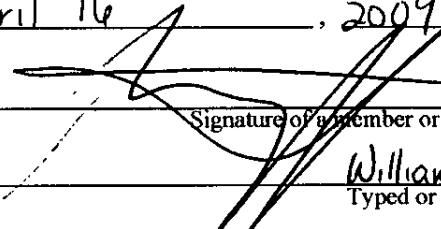
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William G. Wright	672 Soundview Dr. Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Vinayak V. Purandare	15 Broad River Rd. Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Alfredo Pegoraro	405 Ravens Hill Way DeLand, FL 32724	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Sajid Latif	4087 Clock Tower Dr Port Orange, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Harjas Moorjani	3156 Hassi Point Longwood, FL 32779	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	William Ferguson	5951 Marville Circle Port Orange, FL 32127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Change Janet R. Dees from MGR to MGRM.

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 TALLAHASSEE, FLORIDA

Dated April 16, 2009


 Signature of a member or authorized representative of a member
William G. Wright
 Typed or printed name of signee

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	Rohan Desai	395 Geronimo Ct. Lake Mary, FL 32746	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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

Typed or printed name of signee

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 TALAHASSEE FLORIDA