

L09000037906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

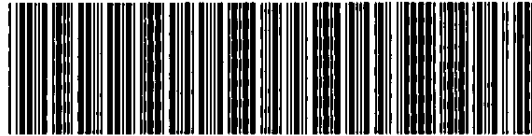
(Document Number)

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MAY 21 2009
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 20 PM 1:04

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Psychiatric Care 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:

Samantha M. DeVine
(Name of Person)
Psychiatric Care Center, LLC
(Firm/Company)
342 E. Bloomingdale Ave.
(Address)
Brandon, FL 33511
(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha DeVine at (813) 657-7546 or (813) 294-2389
(Name of Person) (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

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>
MGR	CHARLES D. DEVINE M.D	342 E. BLOOMINGDALE AVE BRANDON, FL 33511	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KATHLEEN M. CARROLL M.D.	342 E. BLOOMINGDALE AVE BRANDON, FL 33511	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kathleen M. Carroll, M.D., P.A.	342 E. Bloomingdale Ave. Brandon, FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Charles D. DeVine, M.D., P.A.	342 E. Bloomingdale Ave. Brandon, FL 33511	<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

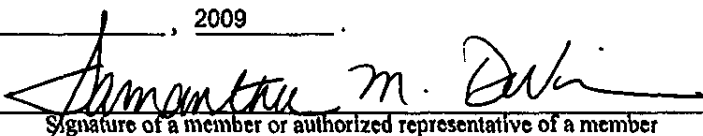
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 20 PM 1:04

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Dated April 21, 2009


Signature of a member or authorized representative of a member

Samantha DeVine

Typed or printed name of signee