

LD9000045002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

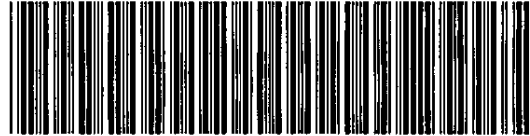
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/24/16--01021--013 **105.00

FILED
15 SEP 12 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: West Orange Physicians Group, 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:

Michael Mueller

Name of Person

Health Central

Firm/Company

10000 West Colonial Drive

Address

Ocoee, FL 34761

City/State and Zip Code

michael.mueller@healthcentral.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Mueller

407 296-1802
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

MICHAEL MUELLER
10000 WEST COLONIAL DRIVE
OCOE, FL 34761

SUBJECT: WEST ORANGE PHYSICIANS GROUP, LLC
Ref. Number: L09000045002

2016 SEP 12 PM 4:21
TALLAHASSEE, FLORIDA

We have received your document for WEST ORANGE PHYSICIANS GROUP, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00018138

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2016 SEP 12 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/1/16
revised application
is attached.

Ⓜ

West Orange Physicians Group, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Greg P. Ohe	10000 West Colonial Drive	<input type="checkbox"/> Add
		Ocoee, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Mark Marsh	10000 West Colonial Drive	<input checked="" type="checkbox"/> Add
		Ocoee, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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SEP 11 10 39 AM '09
STATE OF FLORIDA
TALLAHASSEE

[illegible]

5/1/2016

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEP 7 7, 2016
Will G. Hall, Jr.
 Signature of a member of authorized

Signature of a member or authorized representative of a member

Michael Mueller, CFO

Typed or printed name of signee

16 SEP 12 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA