# 109000045002

(	Requestor's Name)	
	Address)	······································
(	Address)	
(	City/State/Zip/Phone #)	
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL.	
(	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of S	itatus
Special Instructions	to Filing Officer:	
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Office Use Only



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TAIL VALUES OF FLEDRID.

I. HARRIE

#### **COVER LETTER**

Div	ision of Corp	orations				
SUBJECT:	_	Physicians Group, LLC				
		Name of Limit	ted Liability Company			
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please return	all correspon	dence concerning this matter t	o the following:			
	•	-	-			
		Michael Mueller				
			Name of Person	<del></del>		
		Health Central				
Firm/Company						
10000 West Colonial Drive						
		- tut	Address	· · · · · · · · · · · · · · · · · · ·		
		Ocoee, FL 34761				
		<del> </del>	City/State and Zip Code			
		michael.mucller@healthcent	<del>-</del>			
		E-mail address: (to	o be used for future annual report notifica	ation)		
For further in	nformation co	ncerning this matter, please ca	11:			
Michael Mu	eller		407 296-1802			
Name of Person at ()  Name of Person Area Code Daytime Telephone Number				elephone Number		
Enclosed is a	a check for the	following amount:				
□ \$25.00 F	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)		

TO:

**Registration Section** 

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 OCOEE, FL 34761

SUBJECT: WEST ORANGE PHYSICIANS GROUP, LLC

Ref. Number: L09000045002

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: 316A0001<u>8</u>138

9/1/10

revisca application is attached.

(V)

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

West Grange Physicians Group, LLC (Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company	were filed on	05/08/2009	and assigned
Florida document numberL0900045002	were med on		and assigned
This amendment is submitted to amend the following:			
-			
A. If amending name, enter the new name of the limited lial	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		i i i i i i i i i i i i i i i i i i i	SEP SEP
• • • • • • • • • • • • • • • • • • • •		100	
(Principal office address MUST BE A STREET ADDRESS)		701 PE TH:	
			C) COMMENT
		na lo	<u>ج</u> ن
Enter new mailing address, if applicable:		<u> </u>	m <b>o</b>
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
		· · · · · · · · · · · · · · · · · · ·	
			•
B. If amending the registered agent and/or registered of		our records, enter	the name of the n
registered agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Floria	la street address	
		, Florida	
	City	<del></del>	Zip Code
	_		
New Registered Agent's Signature, if changing Registered Agent			
	=	apacitv. I further agr	ee to comply with t
I hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete	- ree to act in this co performance of n	y duties, and I am fo	amiliar with and
I hereby accept the appointment as registered agent and ag	- ree to act in this co performance of n provided for in Ch	ny duties, and I am fo napter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

## 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>	Type of Action
P	Greg P. Ohe	10000 West Colonial Drive	
		Ocoee, FL 34761	■ Remove
			Change
P	Mark Marsh	10000 West Colonial Drive	
		Ocoee, FL 34761	Remove
			Change
<del></del>	·		Add
		<del></del>	□ Remove
			Change SE P Addr #
			Remove)
			MATE ら 9 Change
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				5/1/2016	,			
an effective	date is listed, the d		c and cannot be pri	or to date of filing or	more than 90 days			
		this block does n the Department		licable statutory fili ds.	ing requirements	i, this date	will not	be listed as
				not an effective	time, at 12:	01 a.m. (	on the	e earlier o
me 90u	nday anter th	e record is file	eu.					
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_	L	Was //	J. J. B.	thorized representati	ve of a member	53	<del>- 13</del>	Allen Bu s
		Signature o	ota membjero rau	monzou representan	TO OF A MICHIUS	7.9	PH	i y
_				l Mueller, CFO		- ST.	Ţ-	

Page 3 of 3

Filing Fee: \$25.00