

L090000065090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

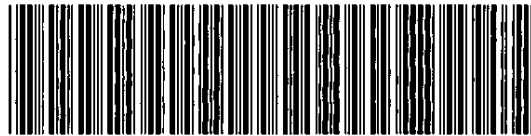
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400158584224

07/17/09--01037--009 **25.00

FILED
09 JUL 17 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 20 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANA MEDICAL HEALTHCARE SERVICES
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:

EARL MORGAN

Name of Person

MORGANS FINANCIAL SERVICES

Firm/Company

4111 STIRLING RD SUITE 202W

Address

FT LAUDERDALE FL 33314

City/State and Zip Code

emorgy01@aol.com

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

For further information concerning this matter, please call:

EARL MORGAN

Name of Person

at (954) 581-5048

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

FILED
09 JUL 17 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANA MEDICAL HEALTHCARE SERVICES LLC

Page 1 of 2

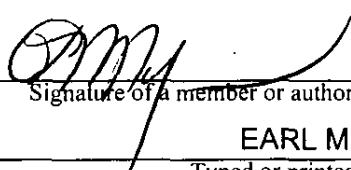
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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 JULY 08, 2009


Signature of a member or authorized representative of a member

EARL MORGAN

Typed or printed name of signee

FILED
09 JUL 17 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA