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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

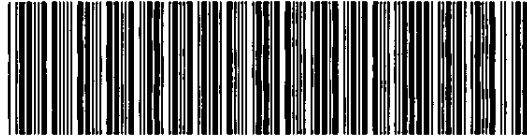
(Business Entity Name)

(Document Number)

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2016 AUG 29 P 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 30 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physician System Weight Management, 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:

Lee GLASSMAN, ESQ  
Name of Person

The GLASSMAN Legal Group  
Firm/Company

2200 N. Commerce Parkway, #105  
Address

Weston, FL 33326  
City/State and Zip Code

lee@leeglassman.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee GLASSMAN, ESQ at (954) 915-8800  
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

Physician System Weight Management, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
JUN 29 P 3:41  
2016  
CLERK OF STATE  
TREASURY OF FLORIDA  
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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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2018 JUN 29 P 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

**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 08/01/16, 2016

Signature of a member or authorized representative of a member

Donna Smith Manager  
Typed or printed name of signee

2010 AUG 29 P 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D**