

LO9 000110795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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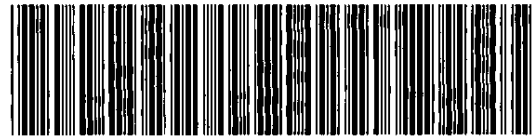
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 16 2010

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **SCS PHYSICIANS WEIGHTLOSS SYSTEM OF SOUTHWEST BROWARD, 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:

**BARTON S. STROCK, ESQ.**

Name of Person

**STROCK & COHEN, P.A.**

Firm/Company

**2900 GLADES CIRCLE SUITE 750**

Address

**WESTON FL 33327**

City/State and Zip Code

**SARAH@SCSWEIGHTLOSS.COM**

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

For further information concerning this matter, please call:

**BARTON S STROCK**

Name of Person

at ( **954** ) **659-2220**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SCS PHYSICIANS WEIGHTLOSS SYSTEM OF SOUTHWEST BROWARD, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>
MGRM	SCS WEIGHTLOSS SYSTEM, INC.	410 SABAL WAY WESTON FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SCS PHYSICIANS WEIGHTLOSS SYSTEM, INC.	410 SABAL WAY WESTON FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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CLERK OF SUPERIOR COURT  
JULIA M. SHERIDAN

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JULY 3, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
SCS WEIGHTLOSS SYSTEM INC BY SARAH STROCK, PRES  
\_\_\_\_\_  
Typed or printed name of signee