

L100000004766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

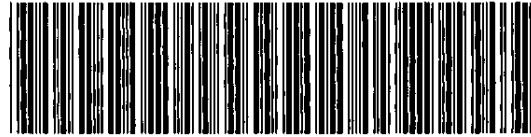
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12 AUG 22 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DOCTORS MEDICAL CLINICS OF TAMPA, 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:

WISDOM DARKO

Name of Person

DOCTORS MEDICAL CLINICS OF TAMPA, LLC

Firm/Company

4941 E. Busch Blvd. Suite 210,

Address

Tampa, FL 33617

City/State and Zip Code

doctorsmed@ymail.com

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

For further information concerning this matter, please call:

WISDOM DARKO

Name of Person

at (813)

988-8380

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

12 AUG 22 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(ords.)

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:

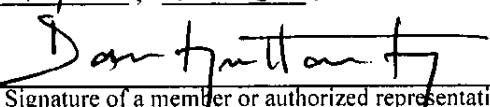
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARYLIN HYDE	14224 Pimberton Dr. Hudson, FL 34667	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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 12 AUG 22 AM 10:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated August 17th, 2012



 Signature of a member or authorized representative of a member
WISDOM DARKO

 Typed or printed name of signee