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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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14 JUN 23 04:12:16
FALL/SPRING 2014
2014

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

Firm/Company

4941 EAST BUSCH BLVD, #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

Doctors Medical Clinics of Tampa, LLC

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

MGR = Manager
AMBR = Authorized Member

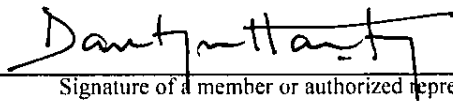
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HYDE, MARYLIN	14224 PIMBERTON DRIVE	☐ Add
		HUDSON, FL 34667	☒ Remove
			☐ Add
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➤ **D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 20, 2014



Signature of a member or authorized representative of a member

Wisdom Darko

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

14 JUN 23 PM 12:46
JUL 10 2014
FLORIDA