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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

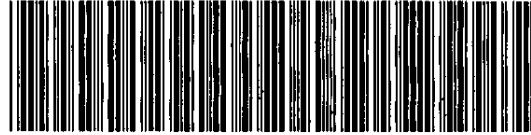
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 05 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D1 Westchase Sports Medicine, 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:

Gina Mann
Name of Person

D1 Westchase Sports Medicine, LLC
Firm/Company

6918 Gunn Hwy Ste C
Address

Tampa, FL 33625
City/State and Zip Code

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

For further information concerning this matter, please call:

Gina Mann at (813) 855-8490 x10
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

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TALLAHASSEE, FLORIDA

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D1 Westchase Sports Medicine, LLC

Westchase Sports Medicine, LLC

Page 1 of 3

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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2016 MAY -9 AM 4
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ST. JOHN'S COLLEGE
TULSA, OKLA

100

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Dated 4/28/10

[illegible]

Signature of a member or authorized representative of a member

Kevin L. Scott

Typed or printed name of signee