

L10000048588

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TALLAHASSEE, FLORIDA

2014 JUN 24 AM 11:21
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TALLAHASSEE, FLORIDA

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JUN 24 2014

T. HAMPTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Choice One Medical Group, L.L.C.

Signature _____

Requested by: Seth

06/23/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2014

CAPITAL CONNECTION, INC.
CHOICE ONE MEDICAL GROUP, L.L.C.
BA

SUBJECT: CHOICE ONE MEDICAL GROUP, L.L.C.
Ref. Number: L10000048588

We have received your document for CHOICE ONE MEDICAL GROUP, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 414A00013512

RECEIVED
14 JUN 24 AM 11:14
DIVISION OF CORPORATIONS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Choice One Medical Group, L.L.C.**

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:

Victoria Barnhart

Name of Person

Choice One Medical Group, L.L.C.

Firm/Company

400 Sawgrass Corporate Parkway, Suite 200

Address

Sunrise, Florida 33325

City/State and Zip Code

vbarnhart@choiceonemg.com

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

For further information concerning this matter, please call:

Victoria Barnhart

Name of Person

at **954 703-6065**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Choice One Medical Group, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 05, 2010

Florida document number L10000048588

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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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>
MGRM	LUIS F. ZYAS	400 SAWGRASS CORPORATE PARKWAY	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33325	
MGRM	LEO VOLOSIN	400 SAWGRASS CORPORATE PARKWAY	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33325	
MGRM	JAMES AYALA	400 SAWGRASS CORPORATE PARKWAY	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33325	
MGRM	MICHAEL BOGDAN	400 SAWGRASS CORPORATE PARKWAY	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		SUNRISE, FL 33325	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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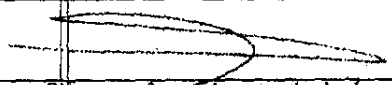
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 16, 2014



Signature of a member or authorized representative of a member

Victoria Barnhart

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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