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TALLAHASSEE, FLORIDA

D. BRUCE
OCT 18 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heart Attack Prevention Center, 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:

John K. Lourie, M.D. FACC

Name of Person

Heart Attack Prevention Center

Firm/Company

4900 Manatee Ave. W. Suite 201

Address

Bradenton, FL 34209

City/State and Zip Code

jlourie@HeartAttackPreventionCenter.com

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

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For further information concerning this matter, please call:

Sandra Lourie

Name of Person

at (941)

840-3121

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

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:

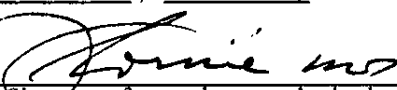
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	John K Lourie, MD, FACC	4900 Manatee Ave. W. Suite 201 Bradenton, FL 34209 President/ Director	☒ 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.)

Dated October 11, 2011.



Signature of a member or authorized representative of a member

John Lourie MD

Typed or printed name of signee

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