

L11000002281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

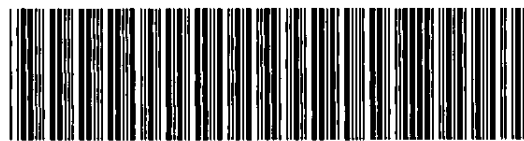
(Business Entity Name)

(Document Number)

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OCT 12 PM 4:04

NOTED  
FALL 2012

W

J. BRYAN

OCT 16 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2012

STEVE R. SCANLAN M.D.  
OUTPATIENTDETOX.COM  
7251 WEST PALMETTO PARK ROAD SUITE #204  
BOCA RATON, FL 33433

SUBJECT: OUTPATIENTDETOX.COM, LLC  
Ref. Number: L11000002281

~~Finish~~  
filling  
out  
where  
highlighted  
  
Write ✓  
I will  
send.

We have received your document for OUTPATIENTDETOX.COM, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$238.75.

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.

Joey Bryan  
Regulatory Specialist II

Letter Number: 912A00024659

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2012 OCT 12 PM 4:04

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Outpatientdetox.com, 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:

Steve R. Scanlan M.D.

Name of Person

Outpatientdetox.com

Firm/Company

7251 West Palmetto Park Road Suite #204

Address

Boca Raton, Florida 33433

City/State and Zip Code

stevenrscanlan@yahoo.com

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

For further information concerning this matter, please call:

Steve R. Scanlan

Name of Person

at ( 561 )

901-0117

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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2012 OCT 12 PM 4:04  
TALLAHASSEE, FL

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

Outpatientdetox.com LLC

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

**FILED**  
OCT 12 PM 4:04  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 6, 2011 and assigned Florida document number L11000002281.

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)**

7251 West Palmetto Park Road, Suite 204

Boca Raton, Florida 33433

**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:

Steven R. Scanlan

New Registered Office Address:

7251 West Palmetto Park Road., Suite 204

*Enter Florida street address*

Boca Raton

*City*

Florida

33433

*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 608, 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.*

*Steven R. Scanlan*

**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGRM	David S. Remland	6471 Las Flores Drive, Boca Raton, Florida, 33433	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 28, 2012

Steve R. Scanlan

Signature of a member or authorized representative of a member

Steve R Scanlan

Typed or printed name of signee

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OCT 12 PM 4:04