

L11 0000 04475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

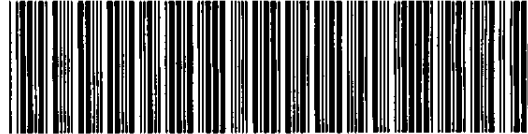
(Business Entity Name)

(Document Number)

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15 MAY 29 PM 3:40  
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ATLANTA, GA

JUN 02 2015

J SHIVER

627



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2015

JOSE CASTANEDA  
9869 PINES BLVD  
PEMBROKE PINES, FL 33024

SUBJECT: ALLIANCE MEDICAL CARE GROUP, LLC  
Ref. Number: L11000004475

We have received your document for ALLIANCE MEDICAL CARE GROUP, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 615A00010512

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ALLIANCE MEDICAL CARE GROUP,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:

JOSE J. CASTANEDA,MS.PA

Name of Person

ALLIANCE MEDICAL CARE GROUP

Firm/Company

9869 PINES BLVD

Address

PEMBROKE PINES, FLORIDA 33024

City/State and Zip Code

alliancemedcare@att.net

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

For further information concerning this matter, please call:

JOSE J. CASTANEDA,MS,PA

954 450-7998  
at ( )

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

## 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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) ~~here~~: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: 05-05-2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 27, 2015.

Signature of a member or authorized representative of a member

JOSE J. CASTANEDA, MS, PA

Typed or printed name of signee

FILED  
15 MAY 29 PM 3:40  
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STATE OF TEXAS