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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 14 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCORE CLINICS OF SOUTH FLORIDA, 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:

MICHAEL D. WILD

Name of Person

WILD, FELICE & PARDO, PA

Firm/Company

101 N PINE ISLAND RD, STE 201

Address

PLANTATION, FL 33324

City/State and Zip Code

MWILD@WFPLAW.COM

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

For further information concerning this matter, please call:

MICHAEL D. WILD

Name of Person

at (954)

944-2855

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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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	LIZZETTE REY	8967 TAFT STREET PEMBROKE PINES, FL 33024	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

Dated OCTOBER 28, 2011

Signature of a member or authorized representative of a member

Rafael Rey De

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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