

L11000005681

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUL 20 2011

EXAMINER

COVER LETTER

TO: - Registration Section
Division of Corporations

SUBJECT: HYPERTENSION KIDNEY & DIALYSIS SPECIALISTS, 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:

A.O. RIFAI, MD

Name of Person

HYPERTENSION KIDNEY AND DIALYSIS SPECIALISTS, L

Firm/Company

P.O. BOX 1750

Address

LYNN HAVEN, FL 32444

City/State and Zip Code

AORifai@AOL.COM

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

For further information concerning this matter, please call:

Edward A. Hutchison, Jr.

Name of Person

at (850)

769-1414

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



LES W. BURKE *
ROB BLUE, JR.
EDWARD A. HUTCHISON, JR.
ELIZABETH J. WALTERS *
DOUGLAS L. SMITH +
MICHAEL S. BURKE
M. TODD BURKE
WILLIAM S. HENRY**
JIMMY D. BARR ++
WILLIAM C. HENRY***
JOY MARLER MASTERS +++
J. CHRISTOPHER BARR
DUSTIN N. DAILBY
MICHAEL J. HAUVERSBUK
MICHAEL J. HENRY

July 25, 2011

Secretary of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

* OF COUNSEL
* ALSO ADMITTED IN ALABAMA
** ALSO ADMITTED IN GEORGIA
*** ALSO ADMITTED IN NEW YORK
+ CERTIFIED CIRCUIT COURT MEDIATOR
++ CERTIFIED CIRCUIT COURT MEDIATOR
AND CERTIFIED FAMILY LAW MEDIATOR
+++ LL.M. IN TAXATION

Re: Hypertension Kidney and Dialysis Specialists, LLC; Our File No. H712-25354

To Whom It May Concern:

On January 13, 2011, our office filed for the above referenced LLC on behalf of our client, A.O. Rifai, MD. After review of the filing, it has come to our attention that the Managing Member should have been listed as A.O. Rifai, MD, LLC, instead of A.O. Rifai, MD. We have enclosed a copy of the Articles of Incorporation, original Articles of Amendment and our firm's check in the amount of \$25 for filing fee for changing same.

Should you have any questions regarding this, please do not hesitate to contact our office.

Sincerely,

BURKE BLUE HUTCHISON WALTERS & SMITH, P.A.

A handwritten signature in black ink, appearing to read "Edward A. Hutchison, Jr.".

Edward A. Hutchison, Jr.

/cmf

Enclosures

☒ PANAMA CITY
221 MCKENZIE AVENUE
PANAMA CITY, FLORIDA 32401
TELEPHONE (850) 769-1414
FACSIMILE (850) 784-0857

☐ PANAMA CITY BEACH
16215 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FLORIDA 32413
TELEPHONE (850) 236-4444
FACSIMILE (850) 236-1313

☐ SANDESTIN
GRAND BOULEVARD OFFICE PLAZA
215 GRAND BOULEVARD, SUITE 101
SANDESTIN, FLORIDA 32550
TELEPHONE (850) 267-9498
FACSIMILE (850) 267-9499

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HYPERTENSION KIDNEY & DIALYSIS SPECIALISTS, LLC

(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 JANUARY 13, 2011 and assigned Florida document number L11000005681.

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

, Florida

City

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.

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	AHMAD O. RIFAI, MD	121 COTTONWOOD CIRCLE LYNN HAVEN, FL 32444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	A.O. RIFAI, MD, LLC	121 COTTONWOOD CIRCLE LYNN HAVEN, FL 32444	<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

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

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Dated _____

Signature of a member or authorized representative of a member

EDWARD A. HUTCHISON, JR., ATTORNEY FOR MEMBER

Typed or printed name of signee