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SEAL OF THE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2011 MAY -2 AM 9:18

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWARD PHYSICIANS GROUP OF 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:

Carlos A. Gutierrez

Name of Person

Health Care Business Consultants, LLC

Firm/Company

15522 Fiorenza Circle

Address

Delray Beach, Florida 33446

City/State and Zip Code

HCBCLLC@YAHOO.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carlos A. Gutierrez

Name of Person

at (954)

292-6217

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

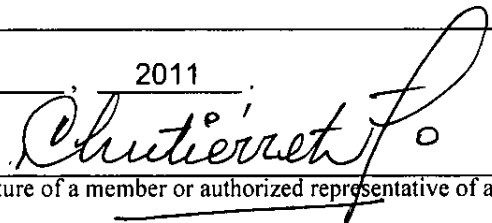
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARTINS, MARIA	7000 SW 97th AVE. SUITE 110 MIAMI, FL 33173	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

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2011 MAR 22 AM 10:00
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated APRIL 28, 2011



Signature of a member or authorized representative of a member

Carlos A. Gutierrez

Typed or printed name of signee