

L11000054584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

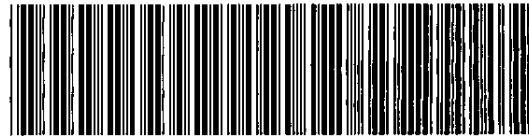
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
AUG 23 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLYNESIAN Plaza Medical Center.
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:

Dr. Robert Reppy
Name of Person

POLYNESIAN Plaza Medical Ctr.
Firm/Company

1312 Lorie Ave.
Address

Spring Hill, FL
City/State and Zip Code

RReppy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Robert Reppy at (813) 727-743-5971
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 22 AM 10:24

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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

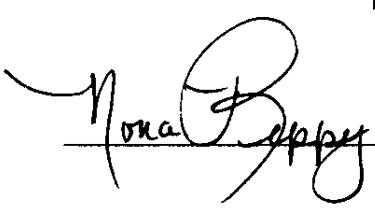
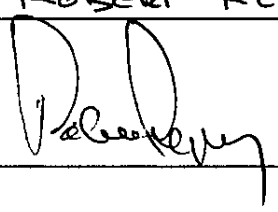
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

POLYNESIAN PLAZA Medical Center

Page 1 of 2

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:

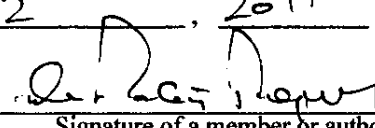
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	NONA Reppy	101 Carlyle Dr. PALM HARBOR, FL 34683	☐ Add ☒ Remove
			☐ Add ☐ Remove
MGRM	ROBERT REPPY	101 Carlyle Dr. PALM HARBOR, FL 34683	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Database should reflect that
Dr. Robert R. Reppy, D.O., is sole owner
of Polynesian Plaza Medical Center, LLC.

Dated Aug 12, 2011


Signature of a member or authorized representative of a member
Dr. Robert Reppy
Typed or printed name of signee