

L11000077845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500302285685

08/11/17--01006--010 \*\*25.00

FILED

17 AUG 11 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JZ* 8/14/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Caremax Medical Center, 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:

Joseph M. De Vera

Name of Person

Caremax Medical Center, LLC

Firm/Company

8700 W Flagler Street, Suite 400

Address

Miami, FL 33174

City/State and Zip Code

jdevera@caremax.net

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

For further information concerning this matter, please call:

Joseph De Vera

Name of Person

at (786)

Area Code

200-8305

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Caremax Medical Center, LLC

Page 1 of 3

FILED  
17 AUG 11 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
MGR	Los Angeles Medical Group, Inc.	2704 SW 137 Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 AUG 11 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 AUG 11 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

(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)

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 August 8 . 2017

Signature of a member or authorized representative of a member

Joseph De Vera

Typed or printed name of signee