

L11000115050 ✓

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TALLAHASSEE, FLORIDA
S. BOSTICK

B. BOSTICK

OCT 18 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CTR MEDICAL SERVICES, 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:

FRANCINE YAGODA Office Mgr.
Name of Person

CTR MEDICAL SERVICES, LLC.
Firm/Company

1030 S. STATE RD 7
Address

Plantation, FL 33317
City/State and Zip Code

totalhealth1030@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francine Yagoda at (954) 581-3333
Name of Person Area Code & Daytime Telephone Number

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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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CTR MEDICAL SERVICES 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 10/7/2011 and assigned Florida document number L11000115050

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

MGR = Manager
MGRM = Managing Member

[illegible]

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

Dated

10/12/2011

Dr. [Signature]
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member
Dr. Michael J. Chicone
 Typed or printed name of signee

SEMI-ANNUAL
ALLAH'SS, FLORIDA

11 OCT 17 PM 4:57

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific information required.