

L11 000 116155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

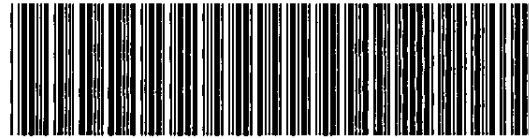
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900213158189

10/17/11--01016--017 **30.00

2011 OCT 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

OCT 18 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P.C. MEDICAL L.L.C.
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:

IVAN FAGUNDEZ
Name of Person

Firm/Company

11101 N.W. 70TH STREET
Address

DORAL, FLORIDA 33178
City/State and Zip Code

ORLINAZ@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORLINA ZAMRY at (**305**) **923-0729**
Name of Person 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)

2011 OCT 17 AM 11:11
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

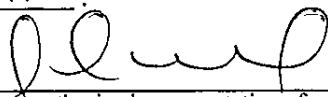
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIA KABBABE	2441 N.W. 93 AVENUE STE 102 A/B DORAL, FLORIDA 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)*

N/A

2011 OCT 17 AM 11:11
 SECRETARY OF STATE
 PALM HARBOR, FLORIDA
 FILED

Dated October 12, 2011



Signature of a member or authorized representative of a member

Orlina Zamry

Typed or printed name of signee