

L11000122340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

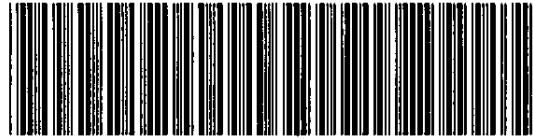
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900235967879

06/08/12--01014--016 **25.00

FILED
2012 JUN -8 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUN 11 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRADENTON PHYSICIANS 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:

ARUNA NARASIMMAN
Name of Person

Firm/Company

7505 PALMER GLEN CIRCLE
Address

SARASOTA, FL 34240
City/State and Zip Code

anara9502@yahoo.com
E-mail address: (to be used for future annual report notification)
(R)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN -8 AM 8:52

FILED

For further information concerning this matter, please call:

ARUNA NARASIMMAN at (941) 545-8903
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

.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**

Bradenton Physicians Medical Center, 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 October 26, 2011 and assigned Florida document number L11000122340.

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)

4401 CORTEZ ROAD West
Bradenton, FL 34210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7505 Palmer Glen Circle
Sarasota, FL - 34240

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:

ARUNA NARASIMMAN

New Registered Office Address:

7505 Palmer Glen Circle

Enter Florida street address

Sarasota

City

Florida

34240

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.

Aruna N
If Changing Registered Agent, Signature of New Registered Agent

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	Catherine Z. Mackey	1402 Third Avenue West Bradenton, FL 34205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ARUNA NARASIMMAN	7505 Palmer Glen Circle Sarasota FL 34240	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SHAHNAZ AHMED	7592 Conservation CT Sarasota FL 34241	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SUGUNA R. KONA	7001 SCRUB JAY DR SARASOTA, FL 34241	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Werther R. MARCIALES	10509 Winding Stream Way Bradenton, FL 34212	<input checked="" 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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN -8 AM 9:52

FILED

Dated June, 4th, 2012

Aruna

Signature of a member or authorized representative of a member

ARUNA NARASIMMAN

Typed or printed name of signee