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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 04 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PREVAIL HEALTHCARE OF FL  
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:

RODOLFO PRICE

Name of Person

PREVAIL HEALTHCARE OF FL

Firm/Company

6040 DAWSON BLVD, STE F

Address

NORCROSS, GA 30093

City/State and Zip Code

RODOLFO.PRICE@PREVAILHEALTHCARE.COM

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

For further information concerning this matter, please call:

RODOLFO PRICE

Name of Person

at ( 770 )

807-6673

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)

**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

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TALLAHASSEE, FLORIDA

## PREVAIL HEALTHCARE OF FL

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

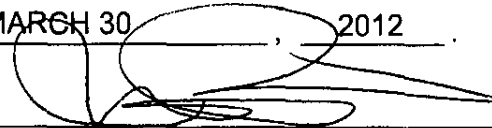
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PREVAIL HOME HEALTH CARE LLC	12803 WIREVINE LANE HOUSTON, TX 77072	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HENLEY AMBROSE	2318 HIGHVIEW RD ATLANTA, GA 30311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RODOLFO PRICE	6040 DAWSON BLVD STE F NORCROSS, GA 30093	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RODOLFO PRICE	6040 DAWSON BLVD STE F NORCROSS, GA 30093	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated MARCH 30, 2012



Signature of a member or authorized representative of a member

RODOLFO PRICE, CPA

Typed or printed name of signee