

L12000026574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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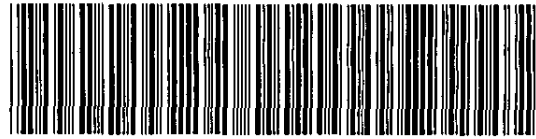
(Business Entity Name)

(Document Number)

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L12-26574

Amend

10/20/15--01014--027 \*\*30.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2015

N. CAUSSEAU

COVER LETTER

L12-26574

TO: Registration Section  
Division of Corporations

SUBJECT: QPS Medical Management 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:

Paula Lynn Taylor  
Name of Person

Firm/Company

9345 Glidden Ct  
Address

Wellington, FL 33414  
City/State and Zip Code

RN4MOON@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas N. Taylor at (561) 370-8359  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

**TO  
ARTICLES OF ORGANIZATION  
OF**

QPS Medical Management

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 2/24/12

Florida document number L12000026574

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 contain 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)**

9345 Glidden Ct

Wellington, FL 33414

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9345 Glidden Ct

Wellington, FL 33414

**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:

9345 Glidden Ct

Enter Florida street address

Wellington  
City

Florida

33414  
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 605, 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Thomas N. Taylor	9345 Glidden Ct.	<input type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager/ CEO, Chairman	Kevin Ruark	201 N. Franklin St	<input type="checkbox"/> Add
		Suite 2000	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	<input type="checkbox"/> Change
Title Manager	Michael Moses	201 N. Franklin St	<input type="checkbox"/> Add
		Suite 2000	<input type="checkbox"/> Remove
		Tampa, FL 33602	<input type="checkbox"/> Change
President/ Secretary	Matthew Snagman	201 N. Franklin St	<input type="checkbox"/> Add
		Suite 2000	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	<input type="checkbox"/> Change
VP/Treasurer	Breanna Snagman	201 N. Franklin St	<input type="checkbox"/> Add
		Suite 2000	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	<input type="checkbox"/> Change
President/ Secretary	Thomas N. Taylor	9345 Glidden Ct	<input checked="" type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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also, please add Paula Lynn Taylor as VP/  
Treasurer, 9345 Glidden Ct, Wellington, FL 33414

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 9-21-15 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 21, 2015.

Paula Lynn Taylor

Signature of a member or authorized representative of a member

Paula Lynn Taylor

Typed or printed name of signee