

L12000029704 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

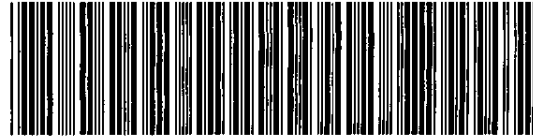
(Business Entity Name)

(Document Number)

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SECURITIES OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 11 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHS of South Florida, 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:

Jessica D. Shaw, Esq.

Name of Person

IHS Dialysis, Inc.

Firm/Company

8461 Lake Worth Road, Suite 185

Address

Lake Worth, FL 33467

City/State and Zip Code

jshaw@ihsdialysis.com

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

For further information concerning this matter, please call:

Jessica D. Shaw, Esq.

Name of Person

at (561)

340-1426

Area Code & Daytime Telephone Number

SECTION OF STATE
TALLAHASSEE, FLORIDA

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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

IHS of South Florida, LLC

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>
MGRM	Nelson Shaller	8461 Lake Worth Road, Suite 185 Lake Worth, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kathleen McDonnell	8461 Lake Worth Road, Suite 185 Lake Worth, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	IHS Dialysis, Inc.	6001 Broken Sound Pkwy, Suite 502 Boca Raton, FL 33487	<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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY - 9 AM 10:14

FILED

Dated April 25, 2012.

Jessica D. Shaw Esq.
Signature of a member or authorized representative of a member

Jessica D. Shaw, Esq.
Typed or printed name of signee