

L12000043848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

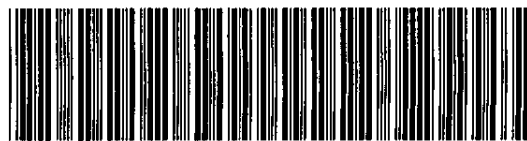
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

APR 26 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OAKLAND WELLNESS and Rehab 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:

JEAN-LUC MICHEL, M.D.  
Name of Person

OAKLAND Wellness and Rehab Center, LLC  
Firm/Company

2314 W. OAKLAND PARK blvd.  
Address

FT. LAUDERDALE, FL 33311  
City/State and Zip Code

JMICHEL123@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. JEAN-LUC MICHEL at (305) 772 2707  
Name of Person Area Code & Daytime Telephone Number

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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

OAKLAND WELLNESS and REHAB CENTER, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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

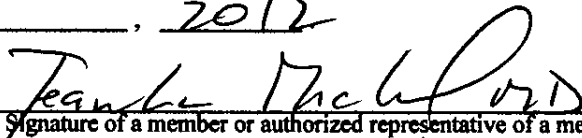
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IMMACULA MICHEL	2314 W. OAKLAND PK. Blvd FT. LAUDERDALE FL 33311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FRANCK PARILLON	2314 W. OAKLAND PARK Blvd FT. LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated

4/23, 2012



Signature of a member or authorized representative of a member

JEAN-LUC MICHEL

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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