

L120000044663

(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



800290842438

10/03/16--01043--018 **105.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

2016 OCT - 3 P 1:20

FILED

D. BRUCE
OCT 17 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2016

MANUEL IGLESIAS
8750 NW 36TH ST, #300
DORAL, FL 33178

SUBJECT: PHYSICIANS CARE CENTERS OF TAMPA BAY, LLC
Ref. Number: L12000044663

We have received your document for PHYSICIANS CARE CENTERS OF TAMPA BAY, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 616A00021317

2016 OCT - 3 P 1:20
TALLAHASSEE, FL 32310

FILED

MID FLORIDA ADULT MEDICINE, LLC
8750 NW 36th Street,
Suite 300
Doral, FL 33178
Phone: 786-641-5438
Fax: 305-615-1121

October 13, 2016

Department of State (Florida)

Re: Name Change

To Whom It May Concern

Please be advised that the following entities have been acquired by Mid Florida Adult Medicine LLC. The following entities listed below are authorized to use our name with the Florida Department of State.

Document Numbers:

Physicians Care Centers of Tampa Bay, LLC- L12000044663

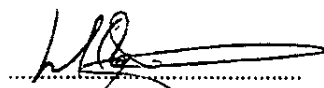
Physicians Care Centers of Orlando, LLC- L12000154184

Physicians Care Ceners of Kissimmee, LLC- L13000130967

Miguel Burgos MD PA – P09000043210

If there are any questions in regards to this request, kindly contact me at 786-641-5348

Sincerely,


.....
Manuel Iglesias
CEO

FILED
2016 OCT -3 P 1:20
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PHYSICIANS CARE CENTERS OF TAMPA BAY, 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 04/01/2012 and assigned Florida document number L12000044663.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NIO FLORIDA ADULT MEDICINE LLC

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

8750 NW 36TH STREET,

SUITE 300

DORAL, FL 33178

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: _____

Enter Florida street address

_____, Florida

City

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

FILED
2016 OCT -3 P 1:00
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MANUEL IGLESIAS	8750 NW 86TH STREET, #300 DORAL, FL 33188	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2016 OCT - 8 PM 1:20
FILED
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/10/16 BY 60322 UCBAW

FILED

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

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2010 BY 60322
UCBAW/STP/STP

2015 OCT -3 P 1:20
ALL AMASSTH FLORIDA

75

E. Effective date, if other than the date of filing: _____ (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 27TH, 2016

Signature of a member or authorized representative of a member

Manuel IGLESIAS
Typed or printed name of signee