

L12000044663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

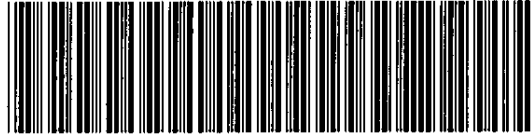
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M. MILLIGAN  
DEC 23 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MID FLORIDA ADULT MEDICINE, 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:

REANNA RAMKHELAHAN  
Name of Person

HYGEA HOLDINGS INC  
Firm/Company

8750 NW 36<sup>TH</sup> STREET, SUITE 300  
Address

DORAL, FL 33178  
City/State and Zip Code

manuel.iglesias@hygea.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REANNA RAMKHELAHAN at (786) 281-2398  
Name of Person 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

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

MID FLORIDA ADULT MEDICINE, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2016 DEC 19 11:03  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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:**

PHYSICIANS CARE CENTERS OF TAMPA BAY, 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)

**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:

LACY LOAR

New Registered Office Address:

8750 NW 36<sup>TH</sup> STREET, SUITE 300

Enter Florida street address

DORAL

City

Florida

33178

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.*

Lacy Loar

If Changing Registered Agent, Signature of New Registered Agent

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>
<u>MGR</u>	<u>WILLIAM STEELE</u>	<u>1732 S CONGRESS AVE,</u>	<input type="checkbox"/> Add
		<u>SUITE 346</u>	<input checked="" type="checkbox"/> Remove
		<u>PALM SPRINGS, FL 32461</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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