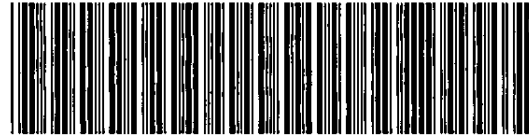


L12000099780

(Requestor's Name)



700253554657

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

11/15/13--01018--011 \*\*25.00

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. BAULSBERRY  
EXAMINER

NO.

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **F&L Medical of the Palm Beaches, 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:

**Jill DiSalvo**

Name of Person

**DiSalvo & Associates, PA**

Firm/Company

**1760 N. Jog Road, Ste 150**

Address

**West Palm Beach, FL 33411**

City/State and Zip Code

**jdisalvo@d-acpa.com**

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

For further information concerning this matter, please call:

**Jill DiSalvo**

Name of Person

**561 818-1622**

at ( )

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

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F&L Medical of the Palm Beach, LLC

Page 1 of 3

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	Body Sculpting of the Palm Beaches, LLC	3450 Northlake Blvd Ste 205	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Remove
MGRM	Dr. Daniel Fortunato	3450 Northlake Blvd Ste 205	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33411	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

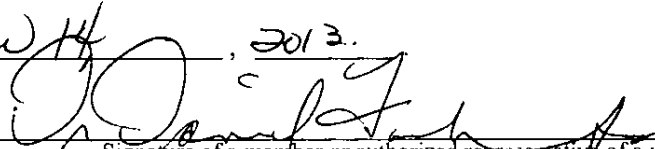
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Dated November 14, 2013.



Signature of a member or authorized representative of a member

Dr, Daniel Fortunato

Typed or printed name of signec

Page 3 of 3

Filing Fee: \$25.00

2013/11/15 6:06:12