

L120VV0109874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

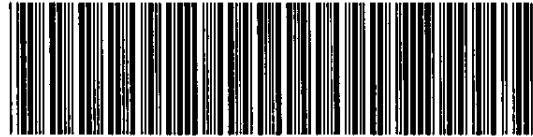
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TALLAHASSEE, FLORIDA

GARY ROBERTS & ASSOCIATES_{P.A.}

324 DATURA STREET, SUITE 223
WEST PALM BEACH, FLORIDA 33401
TELEPHONE (561) 686-1800
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GARY W. ROBERTS, J.D.**
SUSAN B. RAMSEY, R.N., J.D. ***
MICHAEL K. BECK, J.D.

PARALEGALS
KAREN WEBER

FLORIDA REGISTERED PARALEGALS

- * American Board of Neurological Surgery
- * American Board of Quality Assurance and Utilization Review
- * Admitted District of Columbia Bar
- ** Board Certified Civil Trial Lawyer
- *** Admitted Connecticut Bar

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 10, 2013

Re: Metrix Medical, LLC (Amendment to Certificate)

Division of Corporations:

Metrix Medical, LLC (Document Number L12000109874) seeks to file the enclosed amendment to its certificate of formation. Metrix wishes to remove the names of its managing members from the certificate.

Please let me know if there are any issues with the amendment (404-391-6432).

Sincerely,

James H. Calkins, Esq.

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: METRIX MEDICAL, 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:

James Calkins

Name of Person

Gary Roberts & Associates

Firm/Company

324 Datura Street, Suite 223

Address

West Palm Beach, FL 33401

City/State and Zip Code

James@palmbeachtrialattorney.net

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

For further information concerning this matter, please call:

James Calkins

Name of Person

404 391-6432

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE, FLORIDA

Page 1 of 3

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and assigned
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	ROJO, NICHOLAS JR		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	CUSHMAN, JACQUELINE		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

Dated Jan. 18, 2013.



Signature of a member or authorized representative of a member

James H. Calkins

Typed or printed name of signee

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Filing Fee: \$25.00