

L12060115870

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L12 - 115870

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAR -6 AM 9:23

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N. Culligan MAR - 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Family Care
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:

Shirley Zelkowsky
Name of Person

Firm/Company

6658 SE Woodmill Pkwy Lane
Address

Stuart, FL 34997
City/State and Zip Code

S-zelkowsky@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shirley Zelkowsky at (772) 678-9664
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2013

SHIRLEY ZELIKOURKY
6658 SE WOODMILL POND LANE
STUART, FL 34997

SUBJECT: COMPREHENSIVE FAMILY CARE, PLLC
Ref. Number: L12000115870

We have received your document for COMPREHENSIVE FAMILY CARE, PLLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the Amendment form does not match DOS records. Please make the Registered Agents name legible.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 613A00004379

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2013 MAR -6 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Comprehensive Family Care PLLC
(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 9/11/2012 and assigned
Florida document number L12000115870.

This amendment is submitted to amend the following:

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

Comprehensive Medical Care of the Treasure Coast PLLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Shirley Zelkovsky

New Registered Office Address:

6658 SE Woodmont Pkwy Ln
Enter Florida street address

Stuart
City

Florida

34992
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

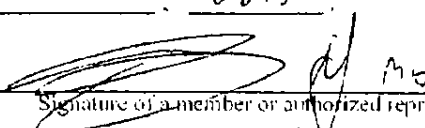
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

Dated

February 6, 2013


Signature of a member or authorized representative of a memberShirley Zelkowsky, MD
Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA