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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 30 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Chiron Urgent Care 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:

Kim Nowakowski

\_\_\_\_\_  
Name of Person

Health First, Inc.

\_\_\_\_\_  
Firm/Company

6450 US Highway 1

\_\_\_\_\_  
Address

Rockledge FL 32955

\_\_\_\_\_  
City/State and Zip Code

kimberly.nowakowski@health-first.org

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

For further information concerning this matter, please call:

Kim Nowakowski

321 434-4378  
at ( )

\_\_\_\_\_  
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**

Chiron Urgent Care 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 September 25, 2012 and assigned Florida document number L12000122583.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)**

603 N. Washington Avenue

Suite 101

Titusville, FL 32796

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6450 US Highway 1

Rockledge, FL 32955

**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:

David E. Mathias, Esq.

New Registered Office Address:

6450 US Highway 1

Enter Florida street address

Rockledge

City

Florida

State

32955

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.*

David E. Mathias  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Health First Medical Group, I	6450 US Highway 1	<input checked="" type="checkbox"/> Add
		Rockledge, FL 32955	<input type="checkbox"/> Remove
MGR	Biju Mathews	605 N. Washington Ave, Suite 100	<input type="checkbox"/> Add
		Titusville, FL 32796	<input checked="" type="checkbox"/> Remove
MGR	Elizabeth Mathews	605 N. Washington Ave, Suite 100	<input type="checkbox"/> Add
		Titusville, FL 32796	<input checked="" type="checkbox"/> Remove
MGR	Naresh Mody	605 N. Washington Ave, Suite 100	<input type="checkbox"/> Add
		Titusville, FL 32796	<input checked="" type="checkbox"/> Remove
MGR	Debra Mody	605 N. Washington Ave, Suite 100	<input type="checkbox"/> Add
		Titusville, FL 32796	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

The initial officers shall be:

Jeffrey C. Stalnaker, M.D. (President);

Drew A. Rector (Vice President)

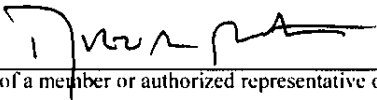
Joseph G. Felkner (Secretary/Treasurer)

David E. Mathias, Esq. (Assistant Secretary)

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated December 22 2014

  
Signature of a member or authorized representative of a member

Drew A. Rector, VP

Typed or printed name of signee

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