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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

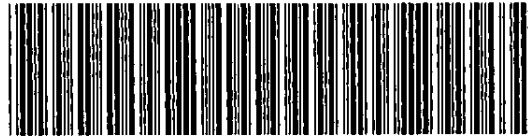
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 23 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Veterinary Cardiology, 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:

Robert Prosek, DVM

Name of Person

Florida Veterinary Cardiology, LLC

Firm/Company

600 English Avenue

Address

Homestead, FL 33030

City/State and Zip Code

prosekr@ufl.edu

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

For further information concerning this matter, please call:

Robert Prosek, DVM

Name of Person

at (305) 248-6536

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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Miami Veterinary Cardiology, LLC

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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

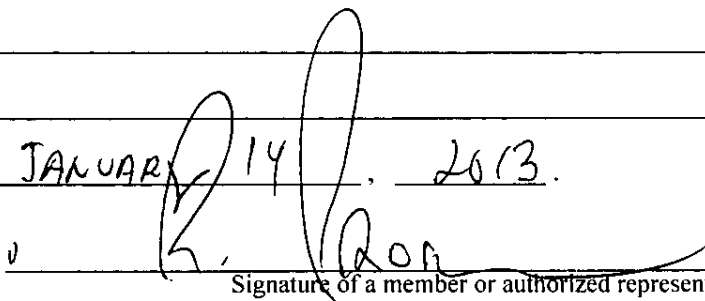
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

JANUARY 14, 2013.



Signature of a member or authorized representative of a member

Robert Prosek, DVM

Typed or printed name of signee

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Filing Fee: \$25.00

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