

#L12000150972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2014 APR 29 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAY - 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wound Care Management Specialists, 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:

Christine Worthen, Esq.

Name of Person

Broad and Cassel

Firm/Company

One Financial Plaza, Suite 2700

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

CWorthen@broadandcassel.com

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

For further information concerning this matter, please call:

Christine Worthen, Esq.

Name of Person

at (954)

Area Code

764-7060

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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TALLAHASSEE, FLORIDA
Records.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

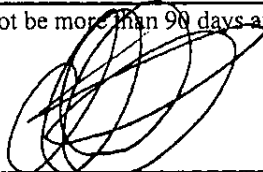
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Frank Dovale	6517 Taft Street	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Hollywood, FL 33024	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated April 10, 2014.



Signature of a member or authorized representative of a member

Moises Issa, M.D.

Typed or printed name of signee

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Filing Fee: \$25.00