

**L12000152439**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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**FILED**  
**17 JUN 14 PM 3 49**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**D. SCOTT**  
**JUN 16 2017**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Broward Outpatient Medical Center, 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:

Sharon Parris-Donaldson, Esq.

Name of Person

Broward Outpatient Medical Center, LLC

Firm/Company

150 SW 12th Avenue

Address

Pompano Beach, FL 33069

City/State and Zip Code

sharonpdonaldsonesq@gmail.com

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

For further information concerning this matter, please call:

Sharon Parris-Donaldson, Esq. 754 666-4574  
at ( )  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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## Page 1 of 3

**\*If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Stacey Castrovinci	150 South Andrews Ave. Suite 201	<input type="checkbox"/> Add
		Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua R. Perman	150 SW 12th Avenue	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

**Tax Identification Number 46-1562650**

**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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 5, 2017

June 5



Signature of a member or authorized representative of a member

**Sharon Parris-Donaldson**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA