L13000004402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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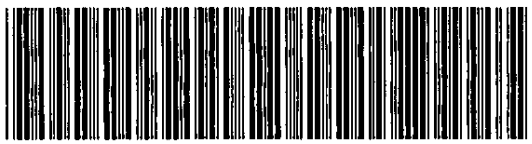

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: VISUM MANAGEMENT, 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:

COLLEEN MAXCY
Name of Person

USA SPINE
Firm/Company

11031 CAMPUS BLVD
Address

TAMPA, FL 33626
City/State and Zip Code

DOC@USASPINE.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICH SMITH at (813) 394-6056
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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VISUM MANAGEMENT, 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 1/08/2013 and assigned Florida document number L13000004402.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: _____

New Registered Office Address: N/A
Enter Florida street address

_____, **Florida** _____
City *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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	MAXCY, COLLEEN	3006 GULF TO BAY BLVD	☐ Add
		CLEARWATER, FL 33759	☑ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Attaching termination letter which clarifies Dr. C. Maccy was never a part of Visum Management, LLC and therefore should have never been an AMBR.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: ASAP DECEMBER 10, 2015 **(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated DECEMBER 10, 2015.

Signature of a member or authorized representative of a member

COLLEEN MACCY, MD, MPH

Typed or printed name of signee

Filing Fee: $25.00

COLLEEN MAXCY, M.D.
11031 Countryway Boulevard
Tampa, FL 33626
Office: 813-855-8400
Fax: 813-855-9200

October 12, 2015

TO: Visum Management, LLC, c/o Eric K. Groteke

SUBJECT: Disassociation of Dr. Colleen Maxcy, MD, MPH from Visum Management, LLC as "Authorized Member"

To Whom It May Concern:

After Visum Management, LLC's failure to pay in a timely fashion for services provided in August of 2015, it came to my attention that you listed me as an "Authorized Member" of Visum Management, LLC. Per the agreement we entered into, I was to be a 1099 employee and never agreed to become part of Visum Management, LLC. The fact that Visum Management, LLC filed for Chapter 11 bankruptcy in 2014 was never disclosed to me either.

I consider our contractual agreement terminated immediately and request that you remove my name from your Sunbiz registration immediately. I also request that you pay the remaining compensation due for services rendered September 18 and 28, 2015 in the amount of $5600.00 as invoiced.

Dr. Colleen Maxcy, MD, MPH
USA Spine, LLC
Owner