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(City/State/Zip/Phone #)

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DATE: 12/19/14

NAME: PPH OF NORTHWEST FLORIDA, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PPH of Northwest Florida, 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:

Mark D. Edwards

Name of Person

Practice Partners in Healthcare, Inc.

Firm/Company

1 Chase Corporate Drive, Suite 200

Address

Birmingham, AL 35244

City/State and Zip Code

medwards@practicepartners.org

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

For further information concerning this matter, please call:

William W. Horton

Name of Person

at (205) 244-5221

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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

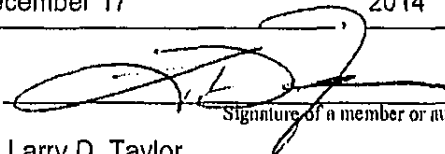
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if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

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 17, 2014



Signature of a member or authorized representative of a member

Larry D. Taylor

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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