

L13000078850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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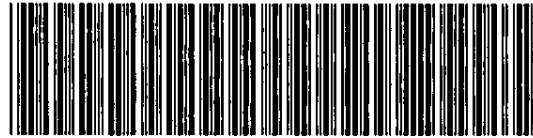
(Business Entity Name)

(Document Number)

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2013 JUL 18 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouffgen JUL 19 2013

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: PHYSICAIN FIRST WEST VOLUSIA 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:

ASAY VERMA  
Name of Person

PHYSICAIN FIRST WEST VOLUSIA LLC  
Firm/Company

955 Town Center Drive Suite 200  
Address

Orange City FL 32763  
City/State and Zip Code

AKU7322@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASAY VERMA at (386) 216-7002  
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  
2013 JUL 18 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PHYSICIAN FIRST WEST VOLUSIA 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 5/31/2013 and assigned  
Florida document number L13000078850

This amendment is submitted to amend the following:

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

Physician FIRST IPA LLC

The new name must be distinguishable and end with 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

*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 608, 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.*

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	ASAY VERMA	955 Town Center Drive	<input type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Orange City FL 32763	
MGRM	Bishnu VERMA	955 Town Center Drive	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Orange City FL 32763	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated 07/15/2013.

Ray K. Verma  
Signature of a member or authorized representative of a member  
RAY K VERMA  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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