



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GC Therapy Options, PLLC  
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:

Cynthia Stephens  
Name of Person

GC Therapy Options, PLLC  
Firm/Company

400 Ohio Avenue S # 177  
Address

Live Oak, FL 32064  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sheila Pittman at (386) 397-4883  
Name of Person Area Code Daytime Telephone Number

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RECEIVED

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



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:

*N/A*

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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2014 JUN 25 10:07 AM  
LOGS  
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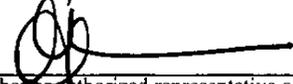
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add: ARTICLE 3.4 to ARTICLE 3: ALLOCATIONS & DISTRIBUTIONS  
The members of the company, Gina Marler and Cynthia Stephens  
will be compensated at a rate of 20% for each completed  
therapy session and/or evaluation conducted by SLP's and/or SLPA's  
under their direct supervision once reimbursed by insurance or  
private pay. This compensation is provided for supervision and direction per applicable

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

professional  
guidelines.

Dated APRIL 14, 2014

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Signature of a member or authorized representative of a member

Cynthia Stephens / Gina Marler (members)

Typed or printed name of signee

2014 APR 22 10:07

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2014

CYNTHIA STEPHENS  
400 OHIO AVENUE S.  
UNIT 177  
LIVE OAK, FL 32064-7707

SUBJECT: G C THERAPY OPTIONS, PLLC  
Ref. Number: L13000108781

We have received your document for G C THERAPY OPTIONS, PLLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 814A00007279

2014 APR 04 11:02 AM  
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