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TALLAHASSEE, FLORIDA

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JAN 04 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERGIO GARCIA, M.D., L.L.C.

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:

SERGIO GARCIA, M.D.

Name of Person

SERGIO GARCIA, M.D., L.L.C.

Firm/Company

8200 SW 117TH AVENUE, SUITE 316

Address

MIAMI, FL 33183-4826

City/State and Zip Code

nora.vazquez@primehealthphysicians.com

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

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For further information concerning this matter, please call:

NORA VAZQUEZ

305

549-8937

at (_____) _____

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

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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>
			<input type="checkbox"/> Add
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(b) The 90th day after the record is filed.

Dated DECEMBER 14, 2015

Signature of a member or authorized representative of the organization

Signature of a member or authorized representative of a member

SERGIO GARCIA, MD

Typed or printed name of signee