

L13000130967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

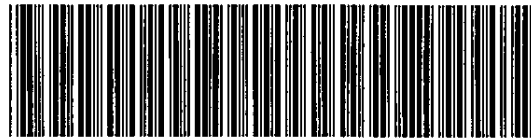
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S. YOUNG

16 OCT -3 AM 10:28

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2016

MANUEL IGLESIAS  
HUGEA HOLDINGS INC  
8750 NW 36TH STREET STE 300  
DORAL, FL 33178

SUBJECT: PHYSICIANS CARE CENTERS OF KISSIMMEE, LLC  
Ref. Number: L13000130967

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT -3 AM 10:28

We have received your document for PHYSICIANS CARE CENTERS OF KISSIMMEE, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

MID FLORIDA ADULT MEDICINE, LLC - L10000092433

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 016A00021289

MID FLORIDA ADULT MEDICINE, LLC  
8750 NW 36<sup>th</sup> Street,  
Suite 300  
Doral, FL 33178  
Phone: 786-641-5438  
Fax: 305-615-1121

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TALLAHASSEE, FLORIDA  
16 OCT -3 AM 10:28

October 13, 2016

Department of State (Florida)

Re: Name Change

To Whom It May Concern

Please be advised that the following entities have been acquired by Mid Florida Adult Medicine LLC. The following entities listed below are authorized to use our name with the Florida Department of State.

Document Numbers:

Physicians Care Centers of Tampa Bay, LLC- L12000044663


Physicians Care Centers of Orlando, LLC- L12000154184

Physicians Care Centers of Kissimmee, LLC- L13000130967

Miguel Burgos MD PA – P09000043210

If there are any questions in regards to this request, kindly contact me at 786-641-5348

Sincerely,

  
Manuel Iglesias  
CEO

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHYSICIANS CARE CENTERS OF KISSIMMEE, 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:

MANUEL IGLESIAS  
Name of Person

HUGEA HOLDINGS INC.  
Firm/Company

8750 NW 36TH STREET, SUITE 300  
Address

DORAL, FL 33178  
City/State and Zip Code

manuel.iglesias@hugea.net  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 OCT -3 AM 10:28

For further information concerning this matter, please call:

REANNA RAMKHELAWAN at (786) 281-2398  
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**

PHYSICIANS CARE CENTERS OF KISSIMMEE, 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 11/01/2013 and assigned Florida document number L13000130967.

This amendment is submitted to amend the following:

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

MID FLORIDA ADULT MEDICINE, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8750 NW 36TH STREET

SUITE 300

DORAL, FL 33178

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 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.*

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MANUEL IGLESIAS	8750 NW 36 <sup>TH</sup> STREET, #300 DORAL, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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OCT 13 AM 10:29

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16 OCT -3 AM 10:29  
TALLAHASSEE FLORIDA  
SECRETARY OF FLORIDA  
GUILD STATE

**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.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 27<sup>TH</sup>, 2016

Signature of a member or authorized representative of a member

MANUEL IGLESIAS

Typed or printed name of signee