

# L14000074966

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

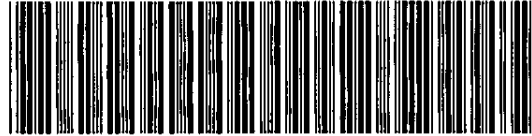
☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



300266232203

300266232203  
11/18/14--01029--010 \*\*25.00

FILED  
2014 NOV 18 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 2 2014

T CLINE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Primary Healthcare Centers and Associates 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:

Ernesto A. Perez

Name of Person

Firm/Company

95 Merrick Way, Suite 700

Address

Coral Gables, FL 33134

City/State and Zip Code

ernesto@dademedical.edu

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

2014 NOV 18 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ernesto A. Perez

Name of Person

at 305 644-1171

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

Primary Healthcare Centers and Associates LLC

Page 1 of 3

c. 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>
MGRM	Braceras, William	5875 NW 163 <sup>rd</sup> Street	<input type="checkbox"/> Add
		Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Remove
MGRM	Cereceda, Mark	5875 NW 163 <sup>rd</sup> Street	<input type="checkbox"/> Add
		Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Remove
MGRM	Braceras, Wilfredo	5875 NW 163 <sup>rd</sup> Street	<input type="checkbox"/> Add
		Miami Lakes, FL 33014	<input checked="" 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

RECEIVED  
TALLAHASSEE  
JAN 18 PM 1:17  
SECRETARY OF STATE

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

---

---

---

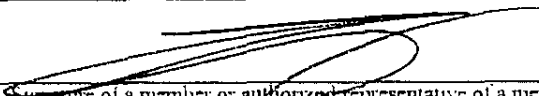
---

---

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 November 17 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ernesto A. Perez  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2014 NOV 18 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA