

L140000084993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

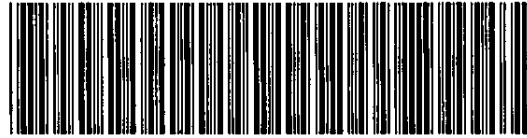
(Business Entity Name)

(Document Number)

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

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10/17/14--01014--007 \*\*25.00

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14 OCT 17 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 21 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medical Group Partners, 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:

Perry Scott

Name of Person

Firm/Company

9471 W. McNab Road

Address

Tamarac, FL 33321

City/State and Zip Code

ps1098765@gmail.com

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

For further information concerning this matter, please call:

Perry Scott

Name of Person

at (305) 793-1655

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

Page 1 of 3

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>                      |
|--------------|--------------------|-----------------------------------|--------------------------------------------|
| <u>MGR</u>   | <u>Perry Scott</u> | <u>9471 W. McNab Road</u>         | <input checked="" type="checkbox"/> Add    |
|              |                    | <u>Tamarac, FL 33321</u>          | <input type="checkbox"/> Remove            |
| <u>MGR</u>   | <u>Paul Mills</u>  | <u>16825 Isle of Palms Dr. #B</u> | <input type="checkbox"/> Add               |
|              |                    | <u>Delray Beach, FL 33484</u>     | <input checked="" type="checkbox"/> Remove |
| <u>Pres</u>  | <u>Paul Mills</u>  | <u>16825 Isle of Palms Dr. #B</u> | <input type="checkbox"/> Add               |
|              |                    | <u>Delray Beach, FL 33484</u>     | <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            |

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

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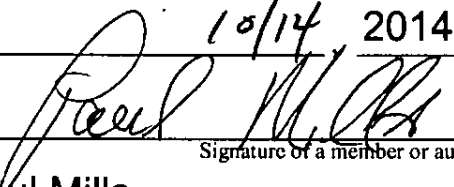
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 \_\_\_\_\_

10/14 2014



Signature of a member or authorized representative of a member

Paul Mills

Typed or printed name of signee

J