

L14000172385  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6383

From: Account Name : WARD, DAMON & POSNER, P.A.  
Account Number : 072262000447  
Phone : (561) 842-3000  
Fax Number : (561) 842-3626

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Fa.No. 1108 P. 2/6

H140002641023



November 13, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

JUPITER ORTHOPEDICS AND SPORTS MEDICINE LLC  
2055 MILITARY TRAIL  
SUITE 204  
JUPITER, FL 33458

SUBJECT: JUPITER ORTHOPEDICS AND SPORTS MEDICINE LLC  
REF: L14000172385

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tim Burch  
Regulatory Specialist II

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Nov. 13. 2014 11:31AM

No. 1108 P. 3/6  
HITWORK 11/23

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jupiter Orthopedics and Sports Medicine 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:

Cathleen D. Ward, Esq.

Name of Person

Ward Damon, Law Offices

Firm/Company

4420 Beacon Circle

Address

West Palm Beach/FL 33407

City/State and Zip Code

cward@warddamon.com

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

For further information concerning this matter, please call:

Cathleen D. Ward, Esq. at 561 8423000

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status

☐ \$55.00 Filing Fee &  
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(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



Nov. 13. 2014 11:32AM

H75 No. 1108 P. 5/63

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>
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☐ Add

☐ Remove

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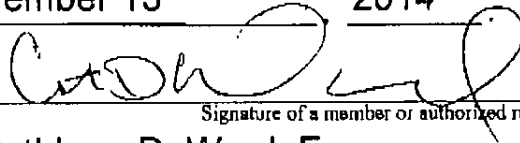
1714000 No. 110810 P. 6/6

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

The sole and specific purpose for which this Limited Liability Company is formed is to provide medical services.

**E. Effective date, if other than the date of filing:** January 1, 2015 (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 13 2014



Signature of a member or authorized representative of a member

Cathleen D. Ward, Esq.

Typed or printed name of signee

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