

214 000 174276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

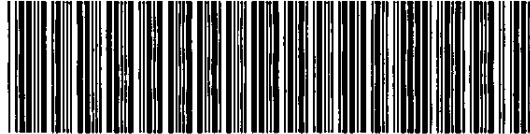
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. Shivers NOV 26 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OASIS FAMILY PRACTICE, 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:

Grace A Dwyer MD

Name of Person

Firm/Company

1251 SW 70TH AVE

Address

PLANTATION, FL 33317

City/State and Zip Code

gdwyer@bellsouth.net

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

For further information concerning this matter, please call:

Grace A Dwyer MD

at (305) 934-0961

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

OASIS FAMILY PRACTICE, LLC

Page 1 of 3

14 NOV 17 AM 8:32
Zip Code

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>
MGR	Grace A. Dwyer MD	1251 SW 70TH AVE	☒ Add
		PLANTATION, FL 33317	☐ Remove
			☐ Add
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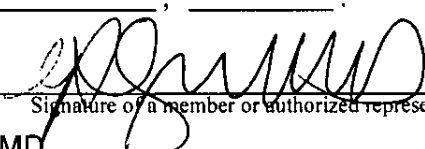
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 14, 2014



Signature of a member or authorized representative of a member

Grace A Dwyer MD

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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