

L15000037333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

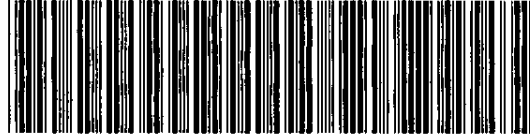
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500280869375

01/21/16--01011--003 \*\*25.00

FILED

2016 JAN 21 A 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 22 2016  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** United MSO of America, 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:

Michael R. Presley, Esq.

Name of Person

Presley Law & Associates, P.A.

Firm/Company

1045 South State Road 7

Address

Wellington, Florida 33414

City/State and Zip Code

mpresley@plaa-pa.com

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

For further information concerning this matter, please call:

Michael Presley

561 623-8300  
at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JAN 21 A 9:58

FILED

## Page 1 of 3

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	Alliance Healthcare Corporation	14918 N. Florida Avenue,	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Force Consultants, LLC	55 Clinton Place - Unit 605	<input checked="" type="checkbox"/> Add
		Hackensack, New Jersey 07601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JAN 21 A 4:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

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

FILED  
2016 JAN 21 A 9:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated January 19 2016

Signature of a member or authorized representative of a member

Michael R. Presley, Esq., as authorized representative and GP of BMP Family Limited Partnership

Typed or printed name of signee