

L15000062892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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18 NOV 20 AM 9:49  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

NOV 26 2018

S. YOUNG



11/12/18 emailed yenny form.  
pend signature.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2018

JOHN HOOVER  
HEALTHCARE NOW, LLC  
2575 SW 67 AVENUE  
MIAMI, FL 33155

SUBJECT: HEALTHCARE NOW, LLC  
Ref. Number: L15000062892

We have received your document for HEALTHCARE NOW, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

LIST THE PERSON NAME OR FILL IN ENCLOSED FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 318A00022158

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TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HealthCare Now, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John Hoover, MD  
(Contact Person)

HealthCare Now, LLC  
(Firm/Company)

2575 SW 67th Ave  
(Address)

Miami, FL 33155  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Hoover, MD at ( 305 ) 979-3994  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Florida

2. The Florida document/registration number assigned to this limited liability company is:

L15000062892

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/31/2018

4. I, Jenny Ceballos, ARNP, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager and Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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18 NOV 20 AM 9:49  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

## **RESIGNATION, WITHDRAWAL, TRANSFER AND RELEASE AGREEMENT**

COMES NOW, John Hoover III, MD (Operating Manager) and Yenny Ceballos, ARNP (Manager), representing all of the interests of Health Care Now, LLC, a Florida Limited Liability Company (Company) and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the parties hereby agree as follows:

1. That the foregoing statement is true and correct.
2. On June 20, 2015, in an employee capacity, Manager entered into an Operating Agreement (Operating Agreement) with respect to the Company.
3. Pursuant to said Operating Agreement, Manager, as employee, was to receive a salary equal to \$35.00 per patient encounter.
4. Manager has given notice to Operating Manager that Manager has been offered an excellent employment opportunity with a third party and will be leaving the employ of Company effective October 31, 2018.
5. Pursuant to Article 5.10 of the Operating Agreement, this document shall serve as Manager's written notice to Operating Manager of Manager's intention to leave her employment with Company.
6. As a result of Manager's voluntary termination of employment, Manager hereby:
  - a) Resigns as Manager of Company and
  - b) Transfers to Operating Manager her 20% interest in and to the Company pursuant to Section 10.02 of the Operating Agreement of the Company.
7. Manager confirms that Manager has had access to and is familiar with the Company's books and records and the general financial conditions of the Company.
8. For purposes of absolute clarity, Manager hereby releases Operating Manager and the Company from any and all liability, whatsoever, including, but necessarily limited to the following:
  - a) Any and all salaries due Manager, (having been paid in full)
  - b) Repayment of her \$200.00 initial capital contribution
  - c) Payment of any distribution of net profits, (which there have been none to date)
  - d) Repayment of any loans to Manager, if any (which there have been none).
9. As a further result of this agreement, the parties specifically acknowledge and agree that Manager, as of the effective date of this agreement, has no further obligations to Operating Manager or the Company under this agreement.
10. This agreement becomes effective on the last day of the month that Manager executes this document pursuant to Article 10.4 of the parties' Operating Agreement for the Company.

Dated this 11 day of October, 2018.

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Operating Manager

By: \_\_\_\_\_

John Hoover III, VMD

Manager

By: \_\_\_\_\_

Yenny Ceballos, ARNP

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared John Hoover III, MD, to me known to be the person described in and who was identified by Erik Balboa and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and seal this 11<sup>th</sup> day of October, 2018.

My Commission Expires: 5-17-22

Erik Balboa  
NOTARY PUBLIC, STATE OF FLORIDA

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE



ERIK BALBOA  
Commission # GG 219278  
Expires May 17, 2022  
Bonded Through Budget Notary Services

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TALLAHASSEE, FLORIDA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally Yenny Ceballos, ARNP, to me known to be the person described in and who was identified by Erik Balboa and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and seal this 11<sup>th</sup> day of October, 2018.

My Commission Expires: 5-17-22

Erik Balboa  
NOTARY PUBLIC, STATE OF FLORIDA



ERIK BALBOA  
Commission # GG 219278  
Expires May 17, 2022  
Bonded Through Budget Notary Services