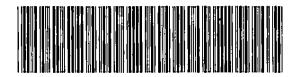
L15000062892

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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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

COVER LETTER

Division of Corporations	
SUBJECT: HealthCare Now (Name of Limit	LLC ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
John Hower, MD (Contact Person)	
Health Care Now LLC (Firm/Company)	TALLA NO
2575 SW G7th AVE (Address)	NOW 20 M 9: 49
Miami, FL 33155 (City/State and Zip Code)	
For further information concerning this matte	r, please call:
John Hoover, MD (Name of Contact Person)	at (<u>305</u>) <u>979 - 3994</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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)

	\$25.00 (Required) \$30.00 (Optional)		NOV 20 M 9:
Signature of Di	issociating Member or Resig	gning Manager	AH:
resignation in wr	MISC		18 7.ALL
Manay	er and Member. (Print Title)		
4. I. Yenny C	COANOS, APNP Jame of Person Resigning)	, hereby withdraw/re	sign as a
3. The date this me	mber/manager withdrew/res	signed or will withdraw/res	sign is: 1031 2018
L150000			
of State is:	Florida		·
	limited liability company as	s it appears on the records o	of the Florida Department

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.
- 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).
- 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.

FILED

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Dated this <u>\\</u> day of October, 2018.

Operating Maflager 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 Ext Coboc and who executed the foregoing instrument and he acknowledged before me that he executed the same. WITNESS my hand and seal this 14 day of October, 2018. My Commission Expires: 5-17-22NOTARY PUBLIC, STATE OF FLORIDA 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 Yenny Cebellos, ARNP, to me known to be the person described in and who was identified by Erih Robec and who executed the foregoing instrument and she acknowledged before me that she executed the same. WITNESS my hand and seal this 13 day of October, 2018. My Commission Expires: 5-17-72

ERIK BALBOA

NOTARY PUBLIC, STATE OF FLORIDA