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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

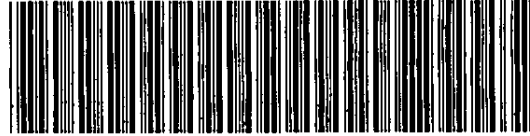
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 25 P 4:22

FILED

Mar 20 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAR 28 PM 2:02
"REGS 44" OF "47"
TALLAHASSEE, FLORIDA

March 3, 2016

P. DANIEL CIDERA PA
DC9 ENTERPRISES, INC.
3800 26TH STREET
BRADENTON, FL 34205

SUBJECT: RESURRECTION CLINIC OF BRADENTON PLLC
Ref. Number: L15000071998

We have received your document for RESURRECTION CLINIC OF BRADENTON PLLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 916A00004464

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Resurrection Clinic of Bradenton LLC

SUBJECT: _____
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:

P. Daniel Cidera PA

Name of Person

DC9 Enterprises, Inc

Firm/Company

3800 26th Street

Address

Bradenton, FL 34205

City/State and Zip Code

dcidera@enterdc9.com

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

For further information concerning this matter, please call:

P Daniel Cidera PA

800

689-3299

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

2016 MAR 25 P 4: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**TO
ARTICLES OF ORGANIZATION
OF**

Resurrection Clinic of Bradenton PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/23/2015 and assigned
Florida document number L15000071998.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BioHealth Medical LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3800 26th Street W

Bradenton, FL 34205

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO Box 1278

Ellenton, FL 3422

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Daniel Cidera

New Registered Office Address:

3800 26th Street West

Enter Florida street address

Bradenton

City

, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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.

Dated

3/12/16

Signature of a member or authorized representative of a member

Frantz Simeon
Typed or printed name of signee