

L15000164635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

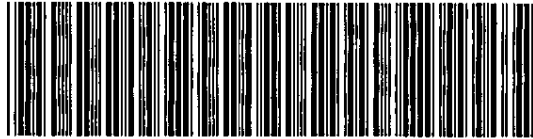
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500278025085

10/13/15--01030--013 **25.00

FILED

2015 OCT 13 PM 2:41

CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FULL CIRCLE JAX OF FLORIDA WOMEN CARE, 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:

Doris R. Muscarella

Name of Person

Unified Physician Management

Firm/Company

1501 Yamato Road, Suite 200W

Address

Boca Raton, Florida 33431

City/State and Zip Code

doris.muscarella@unifiedhc.com

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

For further information concerning this matter, please call:

Doris Muscarella

561 300-2410 ext. 185
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

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2015 OCT 13 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2015 OCT 13 PM 2:41
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 October 7, 2015



Signature of a member or authorized representative of a member

Doris R. Muscarella

Typed or printed name of signee