

L1600000 8872

(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



500322054325

12/20/18--01019--025 **23.05

FILED
2018 DEC 20 PM 5:09
CLERK OF COURT
ALABAMA

Albritton

JAN 09 2019

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NELSON M. PICHARDO MD, 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:

Radica Baboolall

Name of Person

MEDICAL HOME ALLIANCE, LLC

Firm/Company

6675 Westwood Blvd, Suite 475

Address

Orlando, Florida 32821

City/State and Zip Code

armando.cremata@inhealthmd.com

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

For further information concerning this matter, please call:

Radica Baboolall

407

845-0330 x 2029

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>
CEO	Craig Albright	6675 Westwood Blvd, Suite 475	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Armando Cremata	6675 Westwood Blvd, Suite 475	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Contr	Logan Thompson	6675 Westwood Blvd, Suite 475	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32821	<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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.


Signature of a member or authorized representative of a member

Armando Cremata
Typed or printed name of signer