

L16000034446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

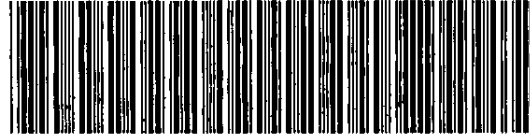
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 18 2016

S MASON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALEXANDER PHYSICAL THERAPY 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:

Kim Welsh

\_\_\_\_\_  
Name of Person

Alexander Physical Therapy LLC

\_\_\_\_\_  
Firm/Company

PO Box 1269

\_\_\_\_\_  
Address

Solomon, MD 20688

\_\_\_\_\_  
City/State and Zip Code

k.spencer7@yahoo.com

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

For further information concerning this matter, please call:

Kim Welsh

410 394-1000

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRET  
FLORIDA DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF STATE  
TALLAHASSEE, FLORIDA  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Correspondence Name: Kim Welsh, E-mail Address: k.spencer7@yahoo.com

**E. Effective date, if other than the date of filing:** 3/11/2016 **(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

3/11/16



Signature of a member or authorized representative of a member

Daniel Alexander

Typed or printed name of signee

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