

L1600009342S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

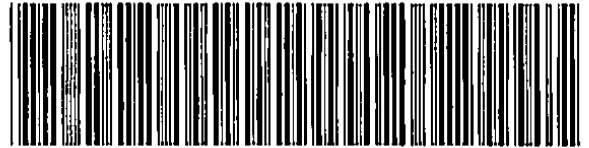
(Business Entity Name)

(Document Number)

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3/11/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Midway Primary 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:

Kathryn E Hayden

Name of Person

Midway Primary Care, LLC.

Firm/Company

356 E Midway Road

Address

Fort Pierce, Florida 34982

City/State and Zip Code

khayden@midwaycare.org

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

For further information concerning this matter, please call:

Kathryn E Hayden

772

742-9276

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

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Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Midway Specialty Care Center, Inc.	356 E Midway Road, Fort Pierce, Florida 34982	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Midway Health Care Centers, Inc.	3225 S. US Highway 1, Fort Pierce, Florida 34982	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

[Faint handwritten notes at bottom right:]

MISS
T-
D T 32

February 11, 2018

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 (

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 February 11, 2019

Signature of _____

Signature of a member or authorized representative of a member

Anand Sukhran

Typed or printed name of signee