

L16000100082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN 27 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 JUN 21 AM 9:39
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

JUN 28 2016
J. HARRIS

Sunstate Research
Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Southeastern Medical
(Corporation Name) (Document #)

2. Consultants, LLC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☒ Domestication
- ☐ Other

AMENDMENTS

- ☒ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2016

SUNSTATE RESEARCH

SUBJECT: SOUTHEASTERN MEDICAL CONSULTANTS PLLC
Ref. Number: L16000100082

We have received your document for SOUTHEASTERN MEDICAL CONSULTANTS PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 916A00013080

*Corrected
can it be
dated
6/24/16
Theresa
Kube*

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16 JUN 27 PM 1:44
SUFFICIENCY OF FILING

FILED
16 JUN 27 AM 8:07
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TALLAHASSEE, FLORIDA

Page 1 of 3

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
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TALLAHASSEE, FLORIDA

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Note: If the date is serial in this flow, does not meet the applicant's state filing requirements, this date will not be listed as the document's effective date on the Department of State records.

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24. 244

Mark Coffe WD

Substitution of a negative value of f_0/f_1 was also possible.

Mark Cuffe MD

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