

L1600219140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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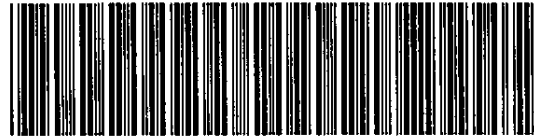
(Business Entity Name)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IV INFUSION TREATMENT CENTER, 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:

Jacob Gitman

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

Sinai Holdings, LLC

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

1111 Kane Concourse, 518

\_\_\_\_\_  
Address

Bay Harbor Islands, FL 33154

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

info@sinaicaredme.com

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

For further information concerning this matter, please call:

Jacob Gitman

305

918-1477

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

## IV INFUSION TREATMENT CENTER,LLC

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>
MGR	Jacob Gitman	1111 Kane Concourse, 518	<input type="checkbox"/> Add
		Bay Harbor Islands, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Malcom Goldsmith MD	831 Coral Ridge Dr	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sinai Holdings LLC	1111 Kane Concourse, 518	<input type="checkbox"/> Add
		Bay Harbor Islands, FL33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Malcom Goldsmith MD	831 Coral Ridge Drive	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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.

Dated December 16, 2016

*[Handwritten signature]*

**Jacob Gitman**

Typed or printed name of signee