

L17000073626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

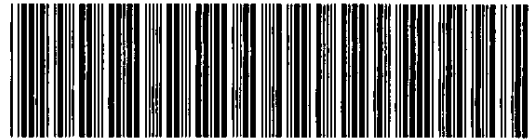
(Business Entity Name)

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TALLAHASSEE FLORIDA

JUN 15 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Panacea Healthcare Services, 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:

Jerald C. Cantor

Name of Person

Phillips, Cantor & Shalek, P.A.

Firm/Company

4000 Hollywood Blvd., Suite 500 N

Address

Hollywood, FL 330121

City/State and Zip Code

jcantor@phillipslawyers.com

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

For further information concerning this matter, please call:

Jerald c. Cantor

954

966-1820

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

Panacea Healthcare Services, 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	Zarina R. Nagrani	13630 NW 8th St., Suite 220	<input type="checkbox"/> Add
		Sunrise, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Neisha Carter	13630 NW 8th St., Suite 220	<input type="checkbox"/> Add
		Sunrise, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 June 9, 2017

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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