

C17000090499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

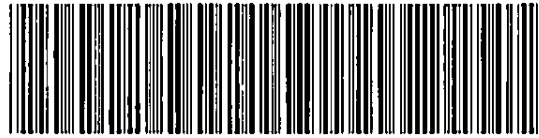
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500304094815

2017 OCT 31 AM 8:42
J. HARRIS

17 OCT 31 PM 4:36

NOV 07 2017
J. HARRIS


CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 891466 7736190

AUTHORIZATION :

COST LIMIT : \$60.00



ORDER DATE : October 31, 2017

ORDER TIME : 2:31 PM

ORDER NO. : 891466-005

CUSTOMER NO: 7736190

DOMESTIC AMENDMENT FILING

NAME: WELLMERICA LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELLMERICA, 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:

GARY C MATZNER

Name of Person

WELLMERICA, LLC

Firm/Company

1451 WEST CYPRESS CREEK ROAD SUITE 300

Address

FT LAUDERDALE FL 33309

City/State and Zip Code

MATZNER@KOLAWYERS.COM

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

For further information concerning this matter, please call:

GARY MATZNER

305 3847645
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



891466

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2017

CSC
ROXANNE TURNER

SUBJECT: WELLMERICA, LLC
Ref. Number: L17000090499

RESUBMIT
Please give original
submission date as file date

2017 OCT 31 AM 8:43
FIVE

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

Please list type of action for Paul Rothman. Please list complete information for each business or person being added.

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: 517A00022034

2017 NOV - 7 AM 2:26
RECEIVED

WELLMERICA, 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>
P/MGR	JACOB HALPERT	1451 W CYPRESS CREEK RD	<input type="checkbox"/> Add
		#300	<input checked="" type="checkbox"/> Remove
		FT LAUDERDALE FL 33309	<input type="checkbox"/> Change
VP/MGR	PAUL ROTHMAN	1451 W CYPRESS CREEK RD	<input type="checkbox"/> Add
		#300	<input checked="" type="checkbox"/> Remove
		FL LAUDERDALE FL 33309	<input type="checkbox"/> Change
MGR	GARY MATZNER	2800 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		#1100	<input checked="" type="checkbox"/> Remove
		CORAL GABLES FL 33134	<input type="checkbox"/> Change
CH/MGR	MARK RABINOWITZ MD	11645 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		#207	<input type="checkbox"/> Remove
		N MIAMI FL 33181	<input type="checkbox"/> Change
MGR	MIKE GERVASI MD	5827 CORPORATE WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		W PALM BEACH FL 33407	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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	PATRICK CARNEGIE	700 8TH STREET	<input checked="" type="checkbox"/> Add
		#101	<input type="checkbox"/> Remove
		PALMETTO FL 34221	<input type="checkbox"/> Change
MGR	MANNY MENENDEZ	3800 W BROWARD BLVD	<input checked="" type="checkbox"/> Add
		#100	<input type="checkbox"/> Remove
		FL LAUDERDALE FL 333012	<input type="checkbox"/> Change
MGR	JEFFREY HORSTMYER MD	661 S MIAMI AVE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MIAMI FL 33133	<input type="checkbox"/> Change
CCC/MG	PATRICIA DARNLEY	1451 W CYPRESS CREEK RD	<input checked="" type="checkbox"/> Add
		#300	<input type="checkbox"/> Remove
		FT LAUDERDALE FL 33309	<input type="checkbox"/> Change
S/MGR	MICHAEL MCCABE	1451 W CYPRESS CREEK RD	<input checked="" type="checkbox"/> Add
		#300	<input type="checkbox"/> Remove
		FT LAUDERDALE FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>
T/MGR	SHARON KELLY	1451 W CYPRESS CREEK RD	<input checked="" type="checkbox"/> Add
		#300	<input type="checkbox"/> Remove
		FT LAUDERDAL FL 33309	<input type="checkbox"/> Change
MGR	ANNE SHEARON	1451 W CYPRESS CREEK RD	<input checked="" type="checkbox"/> Add
		#300	<input type="checkbox"/> Remove
		FT LAUDERDALE FL 33309	<input type="checkbox"/> Change
AMBR	MIAMI BEACH COMMUNITY HEALTH CENTER, INC.	11645 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		#207	<input type="checkbox"/> Remove
		N MIAMI FL 33181	<input type="checkbox"/> Change
AMBR	FLORIDA COMMUNITY HEALTH CENTERS, INC.	5827 CORORATE WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		W PALM BEACH FL 33407	<input type="checkbox"/> Change
AMBR	MANATEE COUNTY RURAL HEALTH SERVICES, INC.	700 8TH ST	<input checked="" type="checkbox"/> Add
		#101	<input type="checkbox"/> Remove
		PALMETTO FL 34221	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 OCT 31 PM 9:16

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

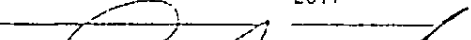
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FIRST QUALITY HOME CARE, INC.	8700 W FLAGLER ST	<input checked="" type="checkbox"/> Add
		#200	<input type="checkbox"/> Remove
		MIAMI FL 33174	<input type="checkbox"/> Change
AMBR	CHRYSLIS HEALTH, INC.	3800 W BROWARD BLVD	<input checked="" type="checkbox"/> Add
		#100	<input type="checkbox"/> Remove
		FT LAUDERDALE FL 33312	<input type="checkbox"/> Change
AMBR	DR JEFFREY HORSTMAYER, M.D.	661 S MIAMI AVE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MIAMI FL 33133	<input type="checkbox"/> Change
AMBR	GATEWAY HEALTH PLAN LP	1451 W CYPRESS CREEK RD	<input checked="" type="checkbox"/> Add
		#300	<input type="checkbox"/> Remove
		FT LAUDERDALE FL 33309	<input type="checkbox"/> Change
AMBR	WELLMERICA, LP	1451 W CYPRESS CREEK RD	<input checked="" type="checkbox"/> Add
		#300	<input type="checkbox"/> Remove
		FT LAUDERDALE FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 October 31 2017



Signature of a member or authorized representative of a member

GARY C MATZNER

Typed or printed name of signee

2017 OCT 31 AM 3:43