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TALLAHASSEE, FLORIDA
18 APR -9 AM 9:01

N COOPER

APR 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Health Corp, 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:

Shari Rosenberg

Name of Person

American Health Corp, LLC

Firm/Company

7700 Massachusetts Ave

Address

New Port Richey, FL 34653

City/State and Zip Code

srosenberg@deltamedicalcare.com

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

For further information concerning this matter, please call:

Shari Rosenberg

727 848.2273
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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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	Shari H Rosenberg	7700 Massachusetts Ave	<input type="checkbox"/> Add
		New Port Richey, FL 34653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dr Haider Khan	6914 W Linebaugh Ave #102	<input checked="" type="checkbox"/> Add
		Tampa, FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dr Safia Khan	6914 W Linebaugh Ave #102	<input checked="" type="checkbox"/> Add
		Tampa, FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dr Nazeer Khan	6914 W Linebaugh Ave #102	<input checked="" type="checkbox"/> Add
		Tampa, FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sabiha Khan	6914 W Linebaugh Ave #102	<input checked="" type="checkbox"/> Add
		Tampa, FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Sabiha Khan		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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 (3)(b)

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 April 2, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Shari H Rosenberg

Typed or printed name of signee