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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 14 PM 12:29

N COOPER
MAY 15 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOLLYWOOD REGIONAL SURGERY 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:

KEN WHALEN

Name of Person

PRACTICE RESULTS, LLC

Firm/Company

398 CAMINO GARDENS BLVD, SUITE 102

Address

BOCA RATON, FL 33432

City/State and Zip Code

kwhalen@fcpm.net

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

For further information concerning this matter, please call:

KEN WHALEN

562 392-3314
at ()
Area Code Daytime Telephone Number

Name of Person

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

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	miVIP Healthcare Holding, LLC	398 Camino Gardens Boulevard	<input checked="" type="checkbox"/> Add
		#102	<input type="checkbox"/> Remove
		Boca Raton, Florida 33432.	<input type="checkbox"/> Change
MGR	Isaac Verbukh, M.D.	398 Camino Gardens Boulevard	<input checked="" type="checkbox"/> Add
		#102	<input type="checkbox"/> Remove
		Boca Raton, Florida 33432.	<input type="checkbox"/> Change
AMBR	Isaac Verbukh, M.D.	398 Camino Gardens Boulevard	<input type="checkbox"/> Add
		#102	<input checked="" type="checkbox"/> Remove
		Boca Raton, Florida 33432.	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 MAY 7, 2018

HE MR

Signature of a member or authorized representative of a member

Kennwert & Wahlen

Typed or printed name of signee