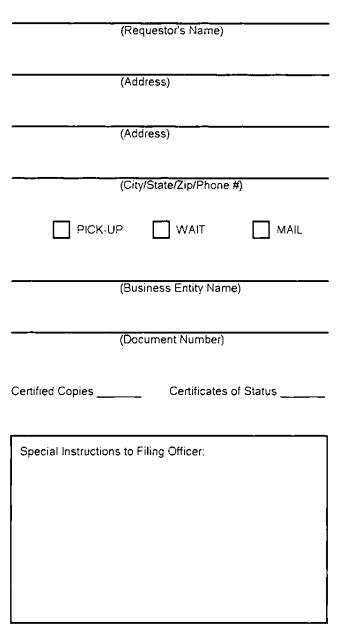
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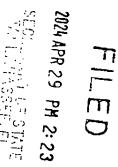


Office Use Only



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COVER LETTER

Division of Cor	porations		
SUBJECT:	Name of Lim	Sultants ·	LLO
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mattheir	Dono VAC Fi	sk
	Fisk Con	Sultants LL Firm-Company	<u>6</u>
	1845 Sir	Lancolot	circle
	5t.06	City/State and Zip Code	34772
	Fisk Cons E-mail address.	o be used for future annual reportion	AAI. COM
For further information c	oncerning this matter, please co	all:	
Matthew Name o	DINOVAN FISA	at (<u>802</u>) <u>214</u> - Area Code Daytim	- 3416 e Telephone Number
Enclosed is a check for the	ne following amount:		
Significant States Significant	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



Department of State / Division of Corporations / Search Records / Search by Registered Agent Name /

Detail by Registered Agent Name

Florida Limited Liability Company
FISK HEALTHCARE CONSULTANTS LLC

Filing Information

Document Number

L18000107533

FEI/EIN Number

APPLIED FOR

Date Filed

04/30/2018

Effective Date

05/01/2018

State

FL

Status

ACTIVE

Principal Address

1845 Sir Lanceot Circle SAINT CLOUD, FL 34772

Changed: 04/30/2020

Mailing Address

1845 Sir Lanceot Circle SAINT CLOUD, FL 34772

Changed: 04/30/2020

Registered Agent Name & Address

Fisk, Matthw Donovan 1845 Sir Lanceot Circle SAINT CLOUD, FL 34772

Name Changed: 02/13/2021

Address Changed: 04/30/2020

Authorized Person(s) Detail

Name & Address

Title Dr

Fisk, Matthew D 1845 Sir Lanceot Circle SAINT CLOUD, FL 34772

Annual Reports

3/5/24, 4:03 PM		
Report Year	Filed Date	
2021	02/13/2021	
2022	02/11/2022	
2023	04/27/2023	
	Report Year 2021 2022	Report Year Filed Date 2021 02/13/2021 2022 02/11/2022

Document Images

04/27/2023 ANNUAL REPORT	View image in PDF format
02/11/2022 ANNUAL REPORT	View image in PDF format
32/13/2021 ANNUAL REPORT	View image in PDF format
04/30/2020 ANNUAL REPORT	View image in PDF format
93/23/2019 AHNUAL REPORT	View-mage in PDF format
04/30/2018 Florida Limited Liability	View image in PDF format

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fisk Healthca	re Cons	w/tants/CC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>v as it now appears on our :</u> ability Company)	ecords.)
The Articles of Organization for this Limited Liability Company v	vere filed on <u>4–30</u>	- 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Lisk Consultants The new name must be distinguishable and contain the words "Limited Liability"	LLC	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		APR 29 PH 2:23
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>s</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street (uddress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this 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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			□Change
			🗆 Remove
			□Change
			🗀 Add
			□Remove
			□Change
	 		□Add
			[]Remove
			□Change
			□ Add
			□ Remove
			□ Channa

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(If an effe	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated _	3 Signature of a member or authorized representative of a member
	Matthew Donovan Fisk