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TALLAHASSEE, FLORIDA

D. BRUCE
APR 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURELOGICS WOUND CARE AND HYPERBARIC L.L.C

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:

MOHIT KUMAR

Name of Person

CPAS, TAXES AND ASSOCIATES PC

Firm/Company

303 FIFTH AVENUE, SUITE 1205

Address

NEW YORK, NY 10016

City/State and Zip Code

MOHIT@CPASANDTAXES.COM

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

For further information concerning this matter, please call:

MOHIT KUMAR, CPA

212 684-2727
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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	CARDIAC AND VASCULAR CONSULTANTS M.D., P.A.	1050 OLD CAMP ROAD THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHRINKANTH UPADYA		<input type="checkbox"/> Add
		5640 SPINNAKER LOOP LADY LAKE, FL 32159	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VISHNU YELAMANCHI		<input type="checkbox"/> Add
		400 LAKE POINTE BLVD MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NORMAN SALDUA NOVIS		<input type="checkbox"/> Add
		1008 MYRTLE BREEZES CT FRUITLAND PARK, FL 34731	<input checked="" 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

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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

2/25/2014

Signature of a member or authorized representative of a member

Shrikanth Upadya
Typed or printed

Typed or printed name of signee