

119000141265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

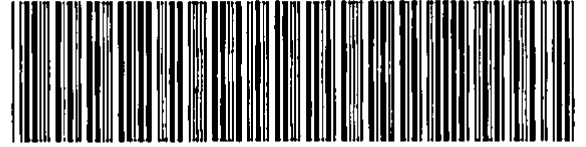
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
19 JUN 11 PM 1:20

LLC  
NC  
Amend.  
DC

6-22-19

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Olympus Medical Group of West Manatee 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:

Dr Frantz Simeon

\_\_\_\_\_  
Name of Person

Olympus Medical Group of West Manatee LLC

\_\_\_\_\_  
Firm/Company

6220 Manatee Ave West Unit 301

\_\_\_\_\_  
Address

Bradenton, FL 34209

\_\_\_\_\_  
City/State and Zip Code

FrantzSimeon@hotmail.com

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

For further information concerning this matter, please call:

P Daniel Cidera PA

at ( 561 ) 225-6192

\_\_\_\_\_  
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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**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

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>
AMBR	P. Daniel Cidera PA	6590 Fountains Cir, Lake Worth, FL 33467	<input checked="" 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.)**

Please update record to include the change in name from

1- Olympus Medical Group of West Manatee LLC to now reflect Prime Medical of Manatee LLC

2- New Address 3800 26th Street West Bradenton, FL 34205

06/01/2019

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

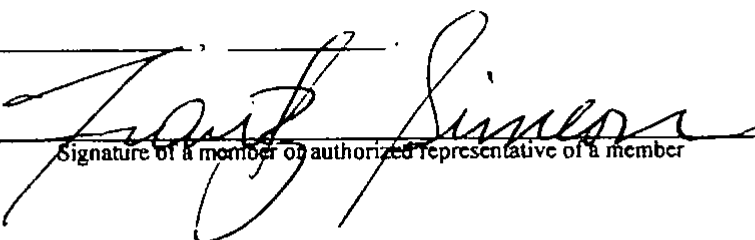
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 06/06/2019

  
Signature of a member or authorized representative of a member

Dr. Frantz Simeon

Typed or printed name of signer