

L20000367961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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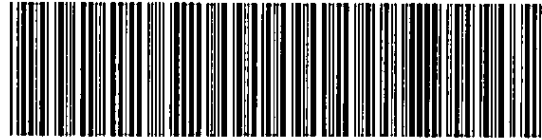
(Business Entity Name)

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SEP 20 2021



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2021

KAREN B SCHAPIRA, ATTORNEY  
11523 PALMBRUSH TRAIL STE 316  
LAKEWOOD RANCH, FL 34202

SUBJECT: WEST BROWARD INTERNAL MEDICINE, LLC  
Ref. Number: L20000367961

We have received your document for WEST BROWARD INTERNAL MEDICINE, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WEST BROWARD INTERNAL MEDICINE PLLC is not a valid entity listed in our records. The above referenced entity is a similar entity and is mentioned in the merger document. Please advise if you are intending to merge into this entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 921A00022333

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WEST BROWARD INTERNAL MEDICINE, 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:

KAREN B. SCHAPIRA, ATTORNEY

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

KAREN B. SCHAPIRA, PLLC

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

11523 PALMBRUSH TRAIL, SUITE 316

\_\_\_\_\_  
Address

LAKEWOOD RANCH, FL 34202

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

kbs@schapirahealthlaw.com

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

For further information concerning this matter, please call:

Karen B. Schapira

954

309-6437

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 Address:**

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

2. 25 11 12 13 14

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

This amendment is submitted to amend the following:

## WEST BROWARD INTERNAL MEDICINE, P.L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

## Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

**, Florida**

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Cur

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*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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

Florida Statutes Section 621.501 permits a physician organization to be a professional limited liability company under the provisions of chapter 605 for the sole and specific purpose of rendering the same and specific professional service.

As such, we amend the name to reflect that West Broward Internal Medicine, PLLC is a professional limited liability company.

**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)(h)

**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 September 22, 2021



Signature of a member or authorized representative of a member

KAREN B. SCHIAPIRA, ATTORNEY and Registered Agent

Typed or printed name of signer

**Filing Fee: \$25.00**