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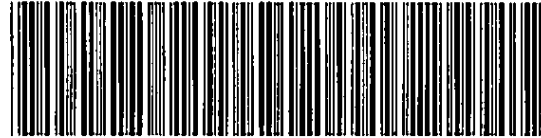
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMARY MEDICAL PHYSICIANS, 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:

CARLOS H. ARCE, ESQ.

Name of Person

Firm/Company

7050 TAFT STREET

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

CARCE@PRIMARYMEDPHYSICIANS.COM

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

For further information concerning this matter, please call:

CARLOS H. ARCE

954 399-9014
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 Address:

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

PRIMARY MEDICAL PHYSICIANS, LLC.

If Changing Registered Agent, Signature of New Registered Agent

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	ARCE, CARLOS H	7050 TAFT STREET, HOLLYWOOD, FL 33024	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BERENGUER, RAMON A, MD	7050 TAFT STREET, HOLLYWOOD, FL 33024	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHAMOUN, ROBBIE	1 NE 167TH STREET, NORTH MIAMI BEACH,	<input checked="" type="checkbox"/> Add
		FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MOR, EDDIE	15381 SW 25TH STREET, DAVIE, FL 33326	<input checked="" 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.)*

[illegible]

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 JANUARY 11

2022

Signature of a member or authorized representative of a member

Carlos H. Arce

Typed or printed name of signee

Filing Fee: \$25.00