

h22 000250679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

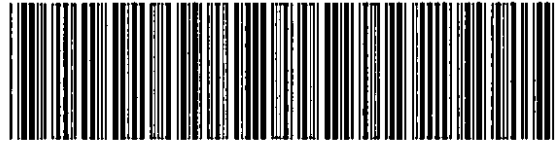
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0117 10/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Transitional Pain & Specialty Group, 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:

Jonathan Gude

Name of Person

Transitional Pain & Specialty Group, LLC

Firm/Company

4437 Tour Tree

Address

Landolakes, FL 34638

City/State and Zip Code

JGude@TPSGMedical.com

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

For further information concerning this matter, please call:

Jonathan Gude

813

495-5567

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

FILED

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

n/a

n/a

n/a

n/a

n/a

Enter Florida street address

Florida

Civ

Zip Code

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	HASEEB HASIMI	10103 GARDEN RETREAT COURT	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
		FROM MGR TO AMBR	<input checked="" type="checkbox"/> Change
AMBR	MAULIK BHALLANI	1911 HAVEN BEND	<input type="checkbox"/> Add
		TAMPA, FL 33613	<input type="checkbox"/> Remove
		FROM MGR TO AMBR	<input checked="" type="checkbox"/> Change
AMBR	RUSSELL DEUTSCHER	12406 BERKELEY SQUARE DRIVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00