

L23000093156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

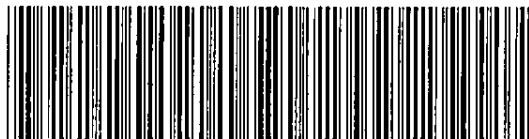
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700425675717

2024 APR 22 AM 8:17
OFFICE OF STATE
TALLAHASSEE, FL

RECEIVED

RECEIVED
2024 APR 22 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3.15.24
C. H. HUNT
C. H. HUNT

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 4/22/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1250061

ORDER ENTITY

PRIMUS MEDICAL CENTERS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PRIMUS MEDICAL CENTERS, LLC (FL)

File the attached amendment

REC'D
FLORIDA DEPT OF STATE
TALLAHASSEE, FL
APR 22 AM 8:17

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMUS MEDICAL CENTERS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jermaine Allen

Name of Person

Shutts & Bowen LLP

Firm Company

525 OKEECHOBEE BLVD, STE 1100

Address

West Palm Beach, FL 33401

City State and Zip Code

jallen@shutts.com

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

RECEIVED
DIVISION OF STATE
CORPORATIONS, FL

JUN 22 AM 8:17

RECEIVED

For further information concerning this matter, please call:

Jermaine Allen

561

650-8554

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

PRIMUS MEDICAL CENTERS, LLC

(A Florida Limited Liability Company)

PRIMUS MEDICAL GROUP, LLC

NA

NA

44

Enter Florida street address

. Florida

{ div.

Zipp, Under

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>
_____	_____	_____	<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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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2022
JAN 17 12:22 AM
STATE OF FLORIDA
TALLAHASSEE, FL

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

2022 APR 8:18
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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 April 17, 2024

Richard J Lucibella

Signature of a member or authorized representative of a member

Richard J. Lucibella

Typed or printed name of signee

Filing Fee: \$25.00