

L 24000116799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

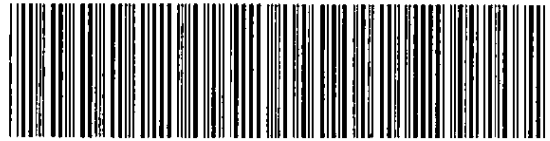
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TO: Registration Section
Division of Corporations

SUBJECT: CENATUS HEALTHCARE 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:

HERVE J CENATUS
Name of Person

CENATUS HEALTHCARE
Firm/Company

4182 N. ARMENIA AVE
Address

TAMPA FL 33607
City/State and Zip Code

herve.cenatus@cenatushc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HERVE J CENATUS at (562) 682-8466
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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>
<u>MD</u>	<u>HERVE J. CENATUS</u>	<u>4182 N. ARMENIA AVE</u>	<input type="checkbox"/> Add
		<u>TAMPA FL 33607</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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