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(Business Entity Name)

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10 MAY 10 PM 2:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
MAY 11 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCONUT CREEK 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:

JAN E AMIR

Name of Person

COCONUT CREEK PHYSICIANS, LLC

Firm/Company

3880 COCONUT CREEK PKWY SUITE 100

Address

COCONUT CREEK, FL 33066

City/State and Zip Code

COCONUTCREEKPHYS@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JAN E AMIR

Name of Person

at (954)

973-9666

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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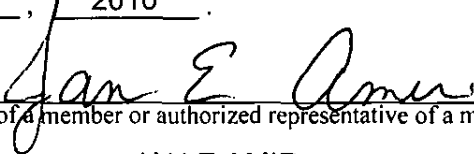
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL P. ANGELILLO	3880 COCONUT CREEK PKWY SUITE 100 COCONUT CREEK, FL 33066	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DAN FERRARA	3880 COCONUT CREEK PKWY SUITE 100 COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 6, 2010



Signature of a member or authorized representative of a member
JAN E AMIR

Typed or printed name of signee

10 MAY 10 PM 2:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS