

MO2000000584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 JUN 16 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 17 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2010

JOSEPH M. OSSORIO
7801 SW 24 ST, SUITE 102
MIAMI, FL 33155

SUBJECT: PALMS MEDICAL CENTER, LLC
Ref. Number: M02000000504

We have received your document for PALMS MEDICAL CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 010A000137

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10 JUN 16 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palms Medical Center, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
Palms Medical Center, LLC
Firm/Company
7801 SW. 24 St. Suite -102
Address
Miami, FL 33155
City/State and Zip Code
Silverpl@bellsouth.net
E-mail address: (to be used for future annual report notification)

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10 JUN 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joseph M Ossorio at (305) 267-7480
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee
☐ \$30 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy
☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Palms Medical Center, LLC
2. This entity was formed under the laws of: Florida
3. This entity was authorized to transact business in Florida on 8/25/2002
and its Florida document/registration number is MO2000000504
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Joseph M Ossorio
PO Box 562966
Miami, FL 33256

10 JUN 18 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25