

Florida Department of State

Division of Corporations

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To:

Division of Corporations
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From:

Account Name : NORTON, GURLEY, HAMMERSLEY & LOPEZ, P.A.
Account Number : I20010000202
Phone : (941) 954-4691
Fax Number : (941) 954-2128

RECEIVED
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DIVISION OF CORPORATION

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

UNIVERSITY MEDICAL OFFICE, LLC

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Estimated Charge	\$55.00

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6283-9
7/20/2006



July 21, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UNIVERSITY MEDICAL OFFICE, LLC
31000 NORTHWESTERN HIGHWAY, SUITE 220
FARMINGTON HILLS, MI 48334

SUBJECT: UNIVERSITY MEDICAL OFFICE, LLC
REF: H06000002273

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Because the above referenced out-of-state limited liability company cannot file an annual report form until January 1st of the next calendar year, the entity must complete the AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S), to amend the manager(s) or managing member(s) on our records.

A COPY OF THE AFFIDAVIT WILL BE FAXED SEPARATELY AT FAX NO. (941) 954-2128

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
Document Specialist

FAX Aud. #: H06000184860
Letter Number: 706A00046584

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSITY MEDICAL OFFICE, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John M. Compton, Esq.

(Name of Person)

Norton, Hammersley, Lopez & Skokos, PA

(Firm/Company)

1819 Main Street, Suite 610

(Address)

Sarasota, Florida 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

John M. Compton, Esq.

(Name of Person)

at (941) 954-4691

(Area Code & 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 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: UNIVERSITY MEDICAL OFFICE, LLC
2. This entity was formed under the laws of: the State of Florida
3. This entity was authorized to transact business in Florida on April 14, 2006 and its Florida document/registration number is 06000002273
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

UMO MANAGER, LLC, a Michigan limited
Liability company
31000 Northwestern Highway
Farmington Hills, MI 48334

Required Signature:


(Signature of Manager, Managing Member or Member)

Filing Fee: \$25