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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
TAIL AHASSEE, FLORID

COVER LETTER

	•	, , ,,,,			
TO: Registration S Division of C					
subject: The	Little Cl	INIC OF P	-lorida, LLO y Company)	<u> </u>	
Dear Sir or Madam:					
The enclosed applicati	on, certificate and fee(s) a	re submitted for fili	ıg.		
Please return all corres	spondence concerning this	matter to the follow	ring:		
Mr. Chris	Kelly (Name of Person)		age, des .		
The-Litt	(Firm/Company)	LLC		O7 MAY SECRE TALLAH)
8 Cadil	(Address)	e, Suite	<u>.</u> 250	07 MAY 10 PM 4: 18 SECRETARY OF STATE ALLAHASSEE, FLORID	
Brent wa	(City/State and Zip Cod	37027 dc)	_	i: L8 TATE ORIDA	
For further informatio	n concerning this matter, p	please call:			
Chris K	ne of Person)	at (615 (Area Coo	Le & Daytime Telephone Number		
Registration of C Division of C Clifton Build 2661 Executi	Corporations	Re Di P.o	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314		
Enclosed is a check f	or the following amount:	·			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status Certified Copy	&.	

Filing Fee: \$25

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

1. The name of the limited liability compa Department of State is: The Little	ny as it appears on the records of the Florida 1e Clinic Of Florida, LLC
2. This entity was formed under the laws of	of DE
3. This entity was authorized to transact by and its Florida document/registration numb	usiness in Florida on 7-21-2006 per is M. 06-60000 4091
4. The name and address of each manager	or managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	John Grzy Dowski 8 Cadillac Drive, Suite 250 Brent wood, TN 37027
· · · · · · · · · · · · · · · · · · ·	
 	SECRETARY IS
	E P T
Required Signature:	of Manager, Managing Member or Member)
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