

MD8000003883

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

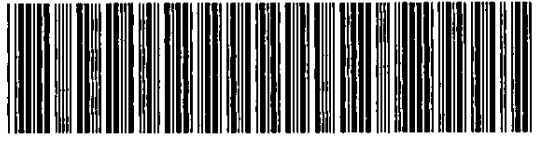
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TALLAHASSEE, FLORIDA

FILED  
13 JAN 10 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 491181 7841526

AUTHORIZATION

*Spudde man*

COST LIMIT : \$ 25.00

ORDER DATE : January 10, 2013

ORDER TIME : 2:33 PM

ORDER NO. : 491181-015

CUSTOMER NO: 7841526

FOREIGN FILINGS

NAME: SOLANTIC OF ORLANDO, LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT#52920

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Solantic of Orlando, 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:

Gina Clark

Name of Person

Solantic of Orlando, LLC

Firm/Company

115 East Park Drive, Suite 300

Address

Brentwood, TN 37027

City/State and Zip Code

gina.clark@carespot.com

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

For further information concerning this matter, please call:

Gina Clark at ( 615 ) 600-4075

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: Solantic of Orlando, LLC dba CareSpot Express Healthcare
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on 11/30/04  
and its Florida document/registration number is M08000003883
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michael D. Klein, President & CEO  
115 East Park Drive, Suite 300  
Brentwood, TN 37027

MGRM

Eric Enderle, COO  
115 East Park Drive, Suite 300  
Brentwood, TN 37027

MGRM

Jon M. Sundock, CAO & GC  
115 East Park Drive, Suite 300  
Brentwood, TN 37027

MGRM

George Attmore, CFO  
115 East Park Drive, Suite 300  
Brentwood, TN 37027

Required Signature: \_\_\_\_\_

Signature of Manager, Managing Member or Member

Filing Fee: \$25

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 10 AM 10:54

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