

MD9000000720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

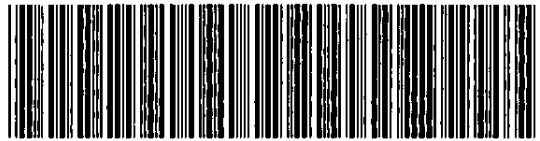
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**L. SELLERS**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cynergy Urgent Care, 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:

Adam Q. Kirwan  
Name of Person

The Kirwan Law Firm  
Firm/Company

301 North Fern Creek Avenue, Suite C  
Address

Orlando, Florida 32803  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kellie Gault at (407) 210-6622  
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: Cynesgy Urgent Care, LLC.
2. This entity was formed under the laws of: Delaware.
3. This entity was authorized to transact business in Florida on February 19, 2009 and its Florida document/registration number is MO9000000720.
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Pedro Ruiz, MD

4692 Exploration Avenue

Lakeland, Florida 33812

MGR

Carlos M. Romero, MD

4692 Exploration Avenue

Lakeland, Florida 33812

MGR

Herman R. Matallana, MD

4692 Exploration Avenue

Lakeland, Florida 33812

MGR

Perwaiz H. Rahim, MD

4692 Exploration Avenue

Lakeland, Florida 33812

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

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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TALLAHASSEE FLORIDA

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