

M13000006841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100262460241

07/23/14--01027--001 **25.00

FILED
14 JUL 23 AM 9:36
U.S. DEPT. OF JUSTICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Care Management Services, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond Monteleone

Name of Person

Medical Care Management Services LLC

Firm/Company

3031 N Rocky Point Drive W, STE 300

Address

Tampa, FL 33607

City/State and Zip Code

rmonteleone@laserspinesinstitute.com

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

For further information concerning this matter, please call:

Kim Maurer

Name of Person

at (813) 289-9613

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Medical Care Management Services LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 10/29/2013

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

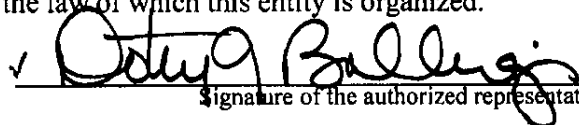
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Authorized Representative shall be Doty Bollinger, Pres & COO

Add: 3031 N Rocky Point Drive, W - Suite 300, Tampa, FL 33607

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

✓ 
Signature of the authorized representative

Doty Bollinger, Pres & COO, Medical Care Management Services LLC

Typed or printed name of signer

Filing Fee: \$25.00

14 JUL 23 AM 9:35