# 113000007790

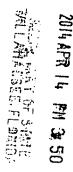
(Req	uestor's Name)	·
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	]
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer	
Special instructions to P	ning Officer.	!
	APR 2	2 2 2014
A. LUNT		
	۸. ۱	2014,

Office Use Only



700258403837

03/31/14--01047--012 \*\*25.00





April 2, 2014

BRYNN BEEKMAN 1401 VALLEY ROAD WAYNE, NJ 07470

SUBJECT: IMPLANTED PUMP MANAGEMENT LLC

Ref. Number: M13000007790

We have received your document for IMPLANTED PUMP MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 514A00007028

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Implanted Pump Management, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brynn Beekman
Name of Person
Implanted Pump Management
Firm/Company
1401 Valley Road
Address
Wayne, NJ 07470
City/State and Zip Code
credentialing@basichi.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brynn Beekman (201, 475-9635)
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

4

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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)**

Name of limited liability Company as it appears on the records of the Florida Departate: IMPLANTED PMP MANAGEMENT, LLC.	tment of
Jurisdiction of its organization: NEW GERSEY	<del></del>
Date authorized to do business in Florida: (2/10/2013	<u> </u>
CTION II (4-7 complete only the applicable changes)	
New name of the limited liability company: (must contain "Limited Liability Company, ""L.L.,	in <sub>the</sub> —arby be
name unavailable, enter alternate name adopted for the purpose of transacting busing rida and attach a copy of the written consent of the managers or managing members alternate name. The alternate name must contain "Limited Liability Company," "L'LLC.")  If the amendment changes the jurisdiction of organization, indicate new jurisdiction	s adopting
If the amendment changes person, title or capacity in accordance with 605.0902 (1) that change: NEW REGISTERED UPPICE ADDRESS:	© Zindicate
20 N COMMERCE PAREWAY, SVITE 253, WESTON, FL 33326	
Attached is an original certificate, if required: no more than 90 days old, evidencing aforementioned amendment(s), duly authenticated by the official having custody of jurisdiction under the law of which this entity is organized.  Signature of the authorized representative	
ROY PURINO	
Typed or printed name of signee	

Filing Fee: \$25.00