



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 076666002140  
Phone : (727) 461-1818  
Fax Number : (727) 441-8617

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TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Kimemrick@aol.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GLOBAL PHYSICIAN NETWORK, LLC SERIES I**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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

**SECTION I (I-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Global Physician Network LLC Series I

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000005294

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: June 20, 2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

**REMOVAL OF MANAGERS - DUPLICATE PAGE 4**

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>Bruce Kruglick</u>	<u>1305 North Lakeshore Drive</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34231</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Sarah Temple</u>	<u>9657 18th Avenue Circle NW B</u>	<input type="checkbox"/> Add
		<u>Bradenton, FL 34209</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Lisa Tichenor</u>	<u>1740 Alderman Street</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34236</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Brett Williams</u>	<u>110 Mimosa Drive</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34232</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a 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

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

**REMOVAL OF MANAGERS- DUPLICATE PAGE 4**

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>Berry Bryan</u>	<u>8963 Fishermens Bay Drive</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34231</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Tara Butler</u>	<u>3208 Rose Street</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34239</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Brian Garby</u>	<u>4024 Red Rock Lane</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34231</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Mark C. Johnson</u>	<u>7378 Stacy Lane</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34241</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Steven W. Kamm</u>	<u>441 Meadow Lark Drive</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34236</u>	<input checked="" type="checkbox"/> Remove

9. Attached is a 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

Melodie Menzer

Typed or printed name of signer

Filing Fee: \$7.00

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