

M17000010820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

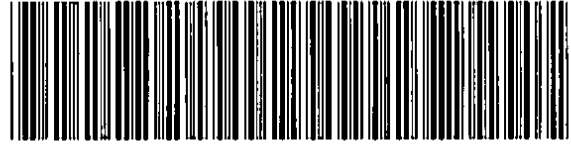
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000338908980


2020 JAN -8 PM 4:00
TALLAHASSEE, FL 32304

FILED
2020 JAN -8 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FL

O SIMMONS

JAN - 9 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 126462 8287755
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : January 8, 2020
ORDER TIME : 3:24 PM
ORDER NO. : 126462-005
CUSTOMER NO: 8287755

FOREIGN FILINGS

NAME: HEALIX HEALTHCARE SERVICES,
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healix Healthcare 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:

Nigel A Spier MD

Name of Person

Firm/Company

3990 Sheridan Street Suite 207

Address

Hollywood, FL 33021

City/State and Zip Code

admin@healixmd.com

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

For further information concerning this matter, please call:

Nigel Spier

Name of Person

at (954) 518-0094

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 (1-4 must be completed)

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

State: Healix Healthcare Services, LLC

Enter new principal office address, if applicable: 3990 Sheridan Street

(Principal office address

MUST BE A STREET ADDRESS)

Suite 207

Hollywood, FL 33021

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3389 Sheridan Street

#408

Hollywood, FL 33021

2. The Florida document number of this limited liability company is: M17000010820

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/21/2017

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

5. 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.")

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

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)(c), indicate that change:


Remove Managers Martinez and Fernandez

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARTINEZ, MIGUEL, M.D.	1951 SW 172ND AYE SUITE 210 MIRAMAR, FL 33029	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	FERNANDEZ, ELIZABETH, M.D.	601 N FLAMINGO RD SUITE 305 PEMBROKE PINES, FL33028	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 Remove
 Add
 Remove

FILED

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

Nigel A Spier M.D.

 Typed or printed name of signee

Filing Fee: \$25.00