

M120000000201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

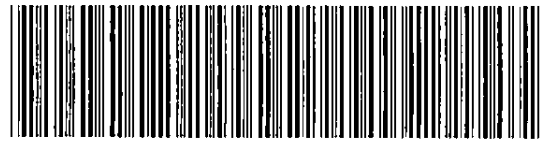
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900433800899

2024 AUG 13 AM 9:58
RECEIVED
SECRETARY OF STATE
HALLMARKS BLDG. 11.0000A

RECEIVED
2024 AUG 13 PM 3:51
SECRETARY OF STATE
HALLMARKS BLDG. 11.0000A

5 PLINT
08/13/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 08/13/24
Order #: 1594714-4
Re: Bc Clinics LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "Re: Bc Clinics LLC" line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

1594714-4
STATE
OF FLORIDA
850-558-1500

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BC CLINICS, 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:

KIMBERLY GOODYEAR

Name of Person

SUNRISE MANAGEMENT SERVICES LLC

Firm/Company

515 N FLAGLER DRIVE, SUITE 1702

Address

WEST PALM BEACH FL, 33401

City/State and Zip Code

kgoodyear@sunrisepalmbeach.com

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

For further information concerning this matter, please call:

Kimberly Goodyear

at (561) 440-3276

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

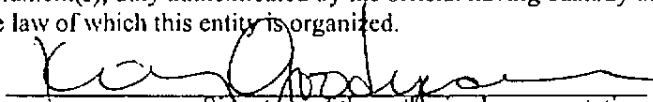
☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Stephen P. Magowan	515 N. Flagler Dr, Ste 1702	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
Manager	Kimberly Goodyear	515 N. Flagler Dr, Ste 1702	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
Asst. Secretary	Christian Rollins	515 N. Flagler Dr, Ste 1702	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
President	Brian Cournane	515 N. Flagler Dr, Ste 1702	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input 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
Kimberly Goodyear

Typed or printed name of signee

Filing Fee: \$25.00

FILED
CLERK OF DISTRICT COURT
WEST PALM BEACH, FL
2011 JUN 13 AM 9:59