## M97000000153

(Re	equestor's Name)	
(Ac	ddress)	<u> </u>
(Ac	ddress)	
<b>(</b> Ci	ty/State/Zip/Phone #)	ı
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Dr	ocument Number)	
(50	sourrone realthoory	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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	·	!

Office Use Only



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OR MAY 19 AM 10: 21,
SECRETARY OF STATE
ANALYSES FLORIDA

D. BRUCE
MAY 19 2008
EXAMINER



May 15, 2008

SETH MCNAMEE FARRIS BOBANGO BRANAN, PLC 1100 RIDGEWAY LOOP ROAD, SUITE 400 MEMPHIS, TN 38120

SUBJECT: CPS MEDMANAGEMENT, LLC

We have received your document for CPS MEDMANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 308A00031044

SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations				
SUBJECT: CPS MedManagement, L (Name of Foreign Limit		<del></del>		
Dear Sir or Madam:				
The enclosed Affidavit by Foreign Limited Liab Managing Member(s) and fee(s) are submitted to		inager(s) or		
Please return all correspondence concerning this	s matter to the following:			
Seth McNamee		·		
(Name of Person)		SEC	80	
Farris Bobango Branan, PLC		A 관취	MAY 19	cara:
(Firm/Company)		ASS ASS	9	energy Franco
1100 Ridgeway Loop Road, Suite	100	mo mo		ii Per
(Address)	+00	FLG	3	Curcus H
,		OF STATE SE. FLORIDA	AM 10: 24	
Memphis, TN 38120		A	44	
(City/State and Zip Code)				
For further information concerning this matter,	please call:			
Seth McNamee at (901	259-7120			
	Code and Daytime Telephor	ne 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 323	S		
	\$55.00 Filing Fee & \$60 Filing Filing Fee & Certificate Certified C	of Status &		

CR2E123(8/07)

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability com epartment of State is: CPS MedManag		of the Florida	
This entity was formed under the law	s of: Delaware		
This entity was authorized to transact id its Florida document/registration numerity		er 19, 2001	
The name and address of each manag	er or managing member is as follo	ows:	
tle: MGR" = Manager	Name and Address:		
MGRM" = Managing Member			
GR	Don Nickleson		
	6409 Quail Hollow Road		
	Memphis, TN 38120	35 38	
/ //GR	Glenn Etow	CERE AH	
<u> </u>	6409 Quail Hollow Road	- <del>S</del>	
	Memphis, TN 38120	<u> </u>	
	Wempins, 114 30120		
GR	Walker Upshaw	25 <b>9</b>	
	6409 Quail Hollow Road	<b>三部</b>	
	Memphis, TN 38120	<u> </u>	
		<del></del>	
equired Signature:			

Filing Fee: \$25