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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

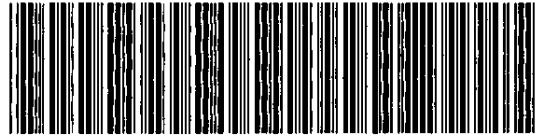
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 17 PM 3:21

T. HAMPTON

MAY 18 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: AmeriDoc Physician Network, 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:

David E. Lindsey

Name of Person

AmeriDoc Physician Network, LLC

Firm/Company

4965 Preston Park Boulevard, Suite 200

Address

Plano, Texas 75093

City/State and Zip Code

dlindsey@ameridoc.com

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

For further information concerning this matter, please call:

David E. Lindsey

Name of Person

at (469)

814-8710

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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 17 PM 3:21

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AmeriDoc Physician Network, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 1, 2008 and assigned Florida document number L08000110123

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 4965 Preston Park Boulevard, Suite 200
Plano, Texas 75093
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4965 Preston Park Boulevard, Suite 200
Plano, Texas 75093
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida street address

Plantation, Florida 33324
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 608, 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

Mike Jones, Assistant Secretary

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The address of our Managing Member, AmeriDoc, LLC, is changed from

 1560 Sawgrass Corporate Parkway, Suite 456, Sunrise, FL 33323 to

 4965 Preston Park Boulevard, Suite 200, Plano, Texas 75093

Dated May 14, 2010

 Signature of a member or authorized representative of a member

 David E. Lindsey

 Typed or printed name of signee

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS