

L10000107129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

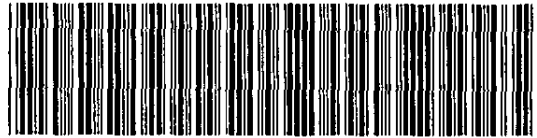
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2011 DEC 15 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 15 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: North Central Florida Neurodiagnostic Services, 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:

Robin Harpe

Name of Person

North Central Florida Neurodiagnostic Services, LLC

Firm/Company

5318 SW 91st Terrace, Suite B

Address

Gainesville, FL 32608

City/State and Zip Code

robinharpe@ncfdna.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Robin Harpe

Name of Person

at (352)

375-5553

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)

\$11.25 additional
included - previous
\$43.75 pd. prior

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

North Central Florida Neurodiagnostic Services, 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 10-14-2010 and assigned
Florida document number L10000107129.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: Adrian F. Harper, Sr.

New Registered Office Address: 5318 SW 91st Terrace, Suite B
Enter Florida street address

Gainesville, Florida 32608
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.

Adrian F. Harper, Sr.
If Changing Registered Agent, Signature of New Registered Agent

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>
P	Adrian F. Harper, Sr	5318 SW 91st Terrace, Suite B Gainesville, FL 32608	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Sr. VP	Ayyamperumal Jeyaprakas	5318 SW 91st Terrace, Suite B Gainesville, FL 32608	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgr	Steven D. Arnett		<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Changing Adrian F. Harper from Secretary to President

Changes to Article 5 - Purposes and Powers attached separately

Sr. VP is Ayyamperumal Jeyaprakash

Dated 12-9, 2011

Adrian F. Harper, Sr.
Signature of a member or authorized representative of a member

Adrian F. Harper, Sr.
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

North Central Florida Neurodiagnostic Services, LLC
Addendum to Amendment of Articles of Incorporation
12/9/2011

Changing Article 5 - Purpose and Powers

The general purpose for which the Company is organized is to engage in the business as a reference and diagnostic laboratory and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



December 9, 2011

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

Dear Sir / Madam:

Please find attached our Articles of Amendment to the Articles of Operations for North Central Florida Neurodiagnostic Services, LLC.

Feel free to give me a call with any questions.

Sincerely,

Adrian F. Harper, Sr.

Adrian F. Harper, Sr.
President / CEO

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TALLAHASSEE, FLORIDA