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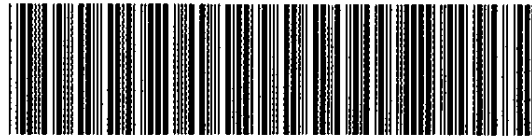
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TALLAHASSEE FLORIDA

KLEIN & KLEIN, P.A.

Attorneys at Law

Harvey R. Klein (1922-2003)
H. Randolph Klein
Fred N. Roberts, Jr.
Lawrence C. Callaway, III

333 N.W. 3rd Avenue
Ocala, Florida 34475

Phone (352) 732-7750
Fax (352) 732-7754

September 30, 2008

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Robert L. Feldman, M.D.
MedPro Center, LLC/PET Services of Florida, LLC
(Florida Medical Investment Group, LLC)
Our File No. 1014-002

Ladies and Gentlemen:

Enclosed please find the form cover letter and original and one (1) copy of the Articles of Amendment to Articles of Incorporation of MedPro Center, LLC, a Florida limited liability company, regarding the above referenced matter for filing. Also enclosed is our firm's trust account check in the amount of \$60.00 representing the filing fee, certificate of status and certified copy of the Articles of Amendment. Please forward the certified copy to me at the address listed above.

If you should have any questions with respect to the foregoing, please do not hesitate to contact me.

Very truly yours,

KLEIN & KLEIN P.A.



Lawrence C. Callaway, III

LCC/hcc

Enclosures as stated

cc: Robert L. Feldman, M.D. (with enclosures)
John S. Clardy, III, Esq. (with enclosures)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDPRO CENTER, 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:

LAWRENCE C. CALLAWAY, III,
(Name of Person)

KLEIN & KLEIN, P.A.
(Firm/Company)

333 NW 3RD AVENUE
(Address)

OCALA, FLORIDA 34475
(City/State and Zip Code)

For further information concerning this matter, please call:

LAWRENCE C. CALLAWAY, III at (352) 732-7750
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

MEDPRO CENTER, 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 August 8, 2002 and assigned
Florida document number L02000020178.

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)

1541 SW 1st Avenue, Suite #101

Ocala, FL 34474

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1541 SW 1st Avenue, Suite #101

Ocala, FL 34474

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:

John S. Clardy, III

New Registered Office Address:

243 NE 7th Street

(Enter Florida street address)

Crystal River

(City)

Florida 34428

(Zip Code)

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SECRETARY OF STATE

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)

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>
MGRM	ROBERT L. FELDMAN, M.D.	13301 South Highway 475 Ocala, FL 34480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FLORIDA MEDICAL INVESTMENT GROUP, LLC	243 NE 7th Street Crystal River, FL 34428	<input checked="" 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.)

Dated September 30, 2008.

Joseph J. Kappel, POA
Signature of a member or authorized representative of a member
JOSEPH J. KAPPEL, Attorney in Fact
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 OCT -1 AM 8:45

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