Division of Corporations **Electronic Filing Cover Sheet**

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Account Number : I2000000117 Phone : (352)732-7218

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er the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

JCortes@BMAKLaw.Com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VENICE CARDIOVASCULAR ASSOCIATES, P.L.

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Venice Cardiovascular Associates, PL

No. 32541 LED/4

2013 OCT 18 AM 8: 16

SECPLIARY OF STATE. TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H13000231408 3)))

(Name of the Limited Liabili (A Florida	ty Company as it now someany)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number L02000022301	Company were filed on Aug	just 26, 2002	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the ilu	nited liability company here	¥	
The new name must be distinguishable and end with the well L.C."	ords "Limited Liability Compar	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(<u>Principal office address MUST BE A STREET ADD</u>			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ado		ur records, <u>epter the</u>	pame of the neg
Name of New Registered Agent:			
New Registered Office Address:	Enta	r Florida street addres	<i>is</i>
		Plorida	
	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 itability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

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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:

MGRM = Managing Member Type of Action Title Name Address 1511 SW 1st Avenue Sec Frances F, Stockman Ocala, FL 34471 **√** Remove Remove

Page 2 of 3

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No. 3264 P. 4/4

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),](amending any other information, enter change(s) here; (Attach additional sheets, if necessary.)				
nted	June 2013				
	Cocultiqued by:				
	orasionecaseise. Signature of a member or authorized representative of a member				
	R. Duane Cook, M.D., President				
	Typed or printed name of signee				
	Page 3 of 3				

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