

LD3000025297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

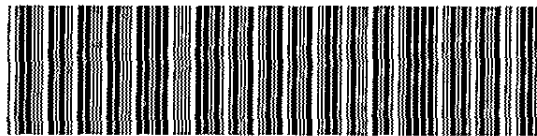
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400030829284

03/30/04--01031--015 **55.00

BK
FILED
04 MAR 30 PM 3:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
04 MAR 30 11:11:37
LLI
DIVISION OF
TALLAHASSEE, FLORIDA
STATE
REGISTRARS

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 3/30/04

REF. #: 0174.24923

CORP. NAME: GULF COAST ORTHOPAEDICS & SPORTS SURGERY, P.L.

FILED
04 MAR 30 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 1143 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF AMENDMENT
TO THE ARTICLES OF ORGANIZATION OF
GULF COAST ORTHOPAEDICS & SPORTS SURGERY, P.L.

FILED
04 MAR 30 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, certifies that:


1. He is the Manager of GULF COAST ORTHOPAEDICS & SPORTS SURGERY, P.L., a Florida professional limited liability company, whose Articles of Organization were filed with the Secretary of State, State of Florida, on July 11, 2003, as amended.
2. The following Amendment to the Articles of Organization was adopted by the Limited Liability Company.
3. ARTICLE I of the Articles of Organization is hereby amended in its entirety to read as follows:

ARTICLE I
NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

ROBERT D. LIVINGSTON, JR., M.D., P.L.

IN WITNESS WHEREOF, the undersigned Manager of the Professional Limited Liability Company has executed these Articles of Amendment this 25th day of MARCH, 2004.


Robert D. Livingston, Jr., Manager