

L03000026414

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2004 FEB 12 AM 10:16
JON CORPORA
ALABAMA, FLORIDA

J. BRYAN FEB - 5 2004

J. BRYAN FEB 17 2004

Physician's Preferred Medical Equipment, LLC
7380 SW 116 Street
Miami, Florida 33156
305-251-6737

To Whom It May Concern:

The following document is to change the business name to
Physician's Preferred MRI Center of South Florida, LLC and change
the registered agent to Anne Marie Parr. If you have any questions
regarding this matter please contact me at 305-251-6737 or 305-333-
2387.

Thank you,



Anne Marie Parr

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 5, 2004

PHYSICIAN'S PREFERRED MEDICAL EQUIPMENT, LLC
7380 SW 116 STREET
MIAMI, FL 33156

SUBJECT: PHYSICIAN'S PREFERRED MEDICAL EQUIPMENT, L.L.C.
Ref. Number: L03000026414

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for PHYSICIAN'S PREFERRED MEDICAL EQUIPMENT, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation. — *letter attached*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 604A00007819

*Please let me know
if you have additional
questions.
Thank you
Ann Han*

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

Physician's Preferred Medical Equipment, L.L.C.

(Present Name)
(A Florida Limited Liability Company)

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2004 FEB 12 AM 10:16
TALLAHASSEE, FLORIDA

FIRST: The date of filing of the articles of organization was 07/18/2003

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:


Change the LLC name to: Physician's Preferred MRI Center of South Florida, LLC

Change Registered Agent to: Anne Marie Parr
7380 SW 116 Street
Miami, Florida 33156

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.


(Signature of Registered Agent)

Dated January 28, 2004


Signature of a member or authorized representative of a member

Anne Marie Parr

Typed or printed name of signer

Filing Fee: \$25.00