

LD3000026623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 28 2009

**EXAMINER**

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09 APR 27 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTEGRATIVE HEALTHCARE SYSTEMS, 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:

ELIZABETH GANNON  
(Name of Person)

NATIONAL HEALTH SERVICES, LLC  
(Firm/Company)

1365 FARGO STREET  
(Address)

Port Charlotte, FL 33952  
(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH GANNON at (941) 391-5991  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

INTEGRATIVE HEALTHCARE SYSTEMS, 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 12-16-04 and assigned  
Florida document number LO3000026623

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NATIONAL HEALTH SERVICES, LLC

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)

**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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

**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)

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TALLAHASSEE FLORIDA

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
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|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

April 22, 2009.

Elizabeth Gannon

Signature of a member or authorized representative of a member

ELIZABETH GANNON

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 APR 27 AM 8:05

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