

L03000030342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

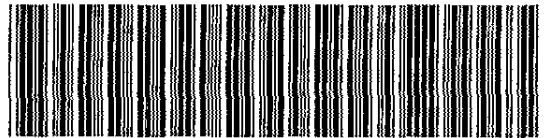
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100025019051

12/08/03--01016--016 \*\*25.00

BK

RECEIVED  
03 DEC -8 3:10:48  
TALLAHASSEE, FLORIDA

FILED  
03 DEC -8 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
03 DEC -8 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NEW DIMENSION HEALTH CARE LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

CERTIFICATE OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

New Dimension Healthcare LLC  
(Present Name)  
(A Florida Limited Liability Company)

FILED  
03 DEC - 8 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FIRST: The date of filing of the articles of organization was 08-15-03.

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

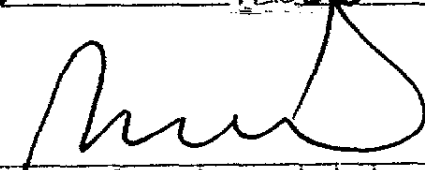
Delete: Pastor Castillo

Add: MAYRA . I. MAZON (member manager,

NEW REGISTERE AGENT:

MAYRA . I. MAZON  
585 S.W 22nd ave.  
Miami. FL 33135

Dated 12-08-03, 2003

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Pastor Castillo

\_\_\_\_\_  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,  
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION  
AS REGISTERED AGENT.**



---

**REGISTERED AGENT SIGNATURE**