

L03000037901

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

JUN - 5 2008

From:

Account Name : MORAN & SHAMS, P.A.
Account Number : I20000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLORIDA PULMONARY RESEARCH CENTER, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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(((H08000144504 3)))
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORIDA PULMONARY RESEARCH CENTER, 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 10/03/03 and assigned
Florida document number EO3000037901.

This amendment is submitted to amend the following:

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

CENTRAL FLORIDA RESEARCH INSTITUTE, 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: Thomas P. Moran, Esq.

New Registered Office Address: 111 N. Orange Avenue, Suite 1200
(Enter Florida street address)

Orlando, Florida 32801
(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 liability company has been notified in writing of this change.

Thomas P. Moran
(If Changing Registered Agent, Signature of New Registered Agent)

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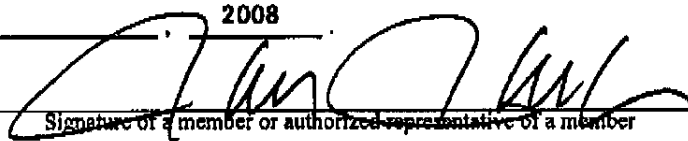
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 28 2008



Signature of a member or authorized representative of a member

Faigal A. Fakih

Typed or printed name of signer

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