

L04000004842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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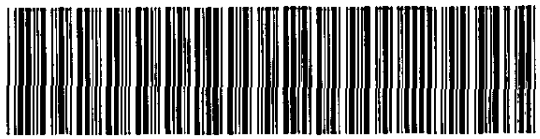
(Business Entity Name)

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MEGAN HODGE

DATE: 1/18/2005

REF. #: 0650.33879

CORP. NAME: AVENTURA CARDIOLOGY PARTNERS, LLC

- | | | |
|--|---|--|
| <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# 511072 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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| <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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
AVENTURA CARDIOLOGY PARTNERS, LLC**

FIRST: The date of filing of the Articles of Organization was January 20, 2004 under document number L04000004842.

SECOND: Pursuant to Section 608.411, of the Florida Statutes, the following provisions of the Articles of Organization were adopted by the limited liability company:

ARTICLE I is deleted and replaced with the following:

ARTICLE I: The name of the Limited Liability Company is **INTEGRATED CARE, LLC** (the "Company").

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment to Articles of Organization as of the 23rd day of December, 2004.

By: _____

Name: Hyman F. Berlin, MD

Title: Member

*State of Florida
County of Broward*

1/14/05

I attest to personally knowing the above individual.

Carolyn Pierson



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