

L04000004842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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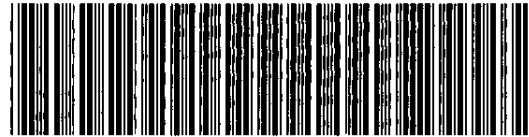
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MAR 30 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 29 PM 4:21

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integrated Care, 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:

Judah Friedman

Name of Person

Integrated Care, LLC

Firm/Company

3335 N. University Drive, Suite 1,

Address

Davie, FL 33024

City/State and Zip Code

jf@cardiologyfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judah Friedman

Name of Person

at (954)

559-6088

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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**

Integrated Care, 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 1/20/2004 and assigned
Florida document number L04000004842

This amendment is submitted to amend the following:

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

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(2 of 2)

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>
<u>MGR</u>	<u>Daniel Norberg, ME</u>	<u>1150 N. 35 Avenue</u> <u>Suite 605</u> <u>Hollywood, FL 33021</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Bernard Shair, MD</u>	<u>1150 N. 35 Avenue</u> <u>Suite 605</u> <u>Hollywood, FL 33021</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Ethan Siev, MD</u>	<u>1150 N. 35 Avenue</u> <u>Suite 605</u> <u>Hollywood, FL 33021</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Lawrence Reiss, MD</u>	<u>1150 N. 35 Avenue</u> <u>Suite 605</u> <u>Hollywood, FL 33024</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>John Cogan, MD</u>	<u>1150 N. 35 Avenue</u> <u>Suite 605</u> <u>Hollywood, FL 33021</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Wayne Pollak, MD</u>	<u>1150 N. 35 Avenue</u> <u>Suite 605</u> <u>Hollywood, FL 33021</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

(1 OF 2)

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>
MGR	Kashmira Bhadha, MD	1150 N. 35 Avenue Suite 605 Hollywood, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Juan Pastor-Cervantes, MC	1150 N. 35 Avenue Suite 605 Hollywood, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Michael Entenberg, MD	1150 N. 35 Avenue Suite 605 Hollywood, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jose Guzman, MD	1150 N. 35 Avenue Suite 605 Hollywood, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Barry Harris, MD	1150 N. 35 Avenue Suite 605 Hollywood, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Ralph Levy, MD	1150 N. 35 Avenue Suite 605 Hollywood, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 25, 2011.



Signature of a member or authorized representative of a member

JUDAH FRIEDMAN

Typed or printed name of signee