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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Physician Healthcare Billing, 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:

Joann W. Anderson  
(Name of Person)

Phoenix Physicians  
(Firm/Company)

2828 Croasdaile Drive  
(Address)

Durham, NC 27705  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joann W. Anderson at ( 919 ) 425-1500  
(Name of Person) (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

Physician Healthcare Billing, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 02-02-04 and assigned document number 104000008765.

**SECOND:** This amendment is submitted to amend the following:

Article 1 of the Articles of Organization shall be amended to read as follows:

1. The name of the limited liability company is Clarity Billing Solutions, LLC

Dated October 2 2007

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

S. Robert Scott, M.D., Member

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Filing Fee: \$25.00**