

LD4000039370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

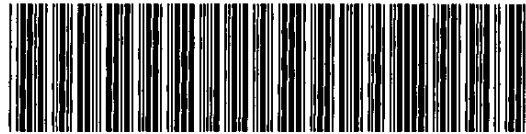
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC 20 2007

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WOMEN'S Mobile Medical Services, LLC.  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES R. DAVIDSON  
(Contact Person)

WOMEN'S Mobile Medical Services, LLC.  
(Firm/Company)

8540 BLACK MESA DRIVE  
(Address)

ORLANDO, FL 32829  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES R. DAVIDSON at (407) 249-1886  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

*Women's Mobile Medical Services, 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 *5/25/2004* and assigned  
Florida document number *L04000039370*

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This amendment is submitted to amend the following:

☒ **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."

**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:

*JAMES R. DAVIDSON*

New Registered Office Address:

*8540 BLACK MESA DRIVE*

(Enter Florida street address)

*ORLANDO*  
(City)

, Florida,

*32829*  
(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.*

*James R. Davidson*  
(If Changing Registered Agent, Signature of New Registered Agent)

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

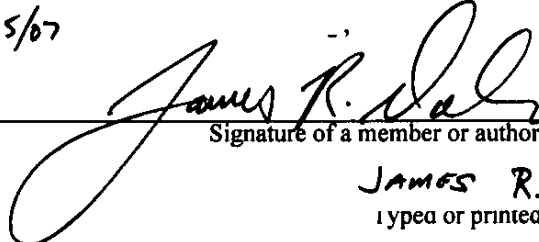
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVEN T. ARCARA	<u>OFFICE:</u> 8540 BLACK MESA DRIVE ORLANDO, FL 32829	<input checked="" type="checkbox"/> Add <u>Remove</u>
		<u>Home:</u> 515 EAST GORE STREET ORLANDO, FL 32806	<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove

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

STEVEN T. ARCARA HAS RESIGNED FROM WOMEN'S Mobile Medical  
SERVICOS LLC. I HAVE ATTACHED A COPY OF HIS RESIGNATION  
LETTER.

OUR MAILING ADDRESS IS: 8540 BLACK MESA DRIVE  
ORLANDO, FL 32829

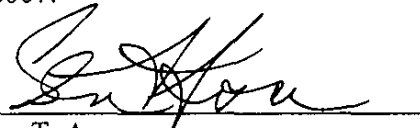
Dated 12/15/07

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JAMES R. DAVIDSON  
typed or printed name or signer

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TALLAHASSEE FLORIDA

RESIGNATION

I hereby resign from any and all positions and offices held in Women's Mobile Medical Services, LLC, effective September 30, 2007.

A handwritten signature in black ink, appearing to read 'Steven T. Arcara', written over a horizontal line.

Steven T. Arcara