Florida Department of State

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Division of Corporations

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY AMEND

PHYSICIAN STRATEGIC RESOURCES 1, LLC

Certificate of Status	0
Certified Copy	Ó
Page Count	03
Estimated Charge	\$25.00





Physician Strategic Resources 1, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	(A Floride Limited Liability Company)	
First:	The Articles of Organization were filed on 9/13/2004 document number 104000067284	and assigned
SECOND:	The following amendment(s) to the Articles of Organization was/we hability company:	ere adopted by the limited
(1) Michael R. Pro LLC, 2385 NW Ex	astey. Esq. has been replaced as the Registered Agent. The new Register eculive Center Drive. Suite 4001, Boca Raton, FL 33431.	ed Agent is: Physicians' Law Cente
The new Man: a. BMP fam b. Aya Partne	on Limited Partnership and R.M. Selvad Limited Partnership have been reg ager Members (all three are Managers) are as follows; ily Limited Partnership, 2385 NW Executive Center Drive, Suite 4001, Boca ers, Ltd., 2385 NW Executive Center Drive, Suite 4001, Boca Raton, FL 3 M. Colker, 2385 NW Executive Center Drive, Suite 4001, Boca Raton, FL 3	a Raton, FL 33431 3431.
The FEI number of	f the organization is 73-1718226.	FILE 05 JUN -3 I SECRETAIN TALLAHASSEE
Dated June	. 2005	PH 3: 42 PH 3: AIE EE, FLORIDA
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	Rebesco M. Colker Typed or printed name of signee	
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	Filipa Fee: \$25.00	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Physician Strategic Resources LLC			
2. The name and the Florida street address of the registered agent	t and office are:		
Physicians' Law Center, LLC (Name)	——————————————————————————————————————		
2385 NW Executive Center Drive, Suite 4001 Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	33431 <u> </u>		
City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating 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, Florida Statutes.

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TALLAHASSEE, FLORID.

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