

LD4000075763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 FEB 19 PM 12:10

G. MCLEOD

FEB 22 2008

EXAMINER

# BACK-2-LIFE

February 13, 2008

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

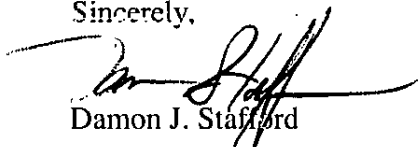
Please find a check and application for the filing fee and certificate status for amending the Articles of Organization for L04000075763.

Per instructions, please direct all information to the following:

**Damon J. Stafford**  
**727-797-0500 or 561-254-3779**  
**9623 Royce Drive**  
**Tampa, FL 33626**

If you have any questions or require additional information please contact me at the numbers above. Thank you for your assistance in this matter.

Sincerely,



Damon J. Stafford

Enclosure

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADVANCED MEDICAL AND Physical Therapy Systems, 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:

DAMON J. STAFFORD  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

9623 ROYCE DRIVE  
(Address)

TAMPA, FL 33626  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAMON STAFFORD at (727) 797 0500  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 FEB 19 PM 12:10

ADVANCED MEDICAL AND PHYSICAL Therapy SYSTEMS, 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 10/19/04 and assigned  
Florida document number L04000075763.

This amendment is submitted to amend the following:

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


INTEGRATED SPORTS & SPINE, LLC  
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:

SAME  
Name of New Registered Agent: \_\_\_\_\_  
New Registered Office Address: \_\_\_\_\_  
(Enter Florida street address)  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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.*

  
(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

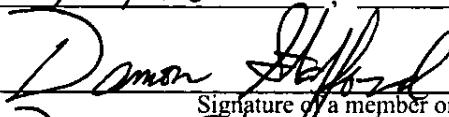
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RICHARD D. RHODES	8813 GRAND BAYOU CT. TAMPA, FL 33635	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ERIC K. GROTEKE	3048 GLENWOOD CT SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

2/11/08



Signature of a member or authorized representative of a member

Damon Stafford

Typed or printed name of signee