

LO5000013445

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

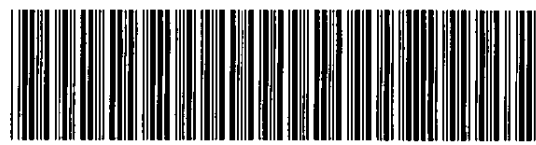
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(Document Number)

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**G. MCLEOD**  
DEC 16 2008  
**EXAMINER**



200138699022

12/15/08--01007--009 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 15 PM 2:37

**Patrick M. Burns, CPA, PA**

Accountants, Consultants, and Tax Professionals

December 9, 2008

Florida Department of State  
Division of Corporations  
Amendment Section  
PO Box 6327  
Tallahassee, FL 32314

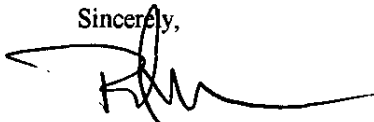
**Re: Titan Medical Services, LLC  
Document # L05000013445**

Dear Sir or Madam:

Please find enclosed the Articles of Amendment to the Articles of Organization of Titan Medical Services, LLC and check in the amount of \$25.00 representing payment of the associated filing fee. Please send notification of amendment to the taxpayer at the address of record.

If you have any questions, please feel free to contact me directly at 407-228-4443. Thank you for your assistance with this matter.

Sincerely,



Patrick M. Burns, CPA

Cc: Kevin Kingsley

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Titan Medical Services, 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:

Patrick M Burns  
(Name of Person)

Patrick M Burns, CPA, PA  
(Firm/Company)

1918 Hillcrest Street  
(Address)

Orlando, FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick M Burns at ( 407 ) 228-4443  
(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 CORPORATIONS  
08 DEC 15 PM 2: 37

Titan 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 02/04/05 11/19/08 and assigned Florida document number L05000013445.

This amendment is submitted to amend the following:

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

Mid Florida Medical Sales, LLC

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)*

*(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:**

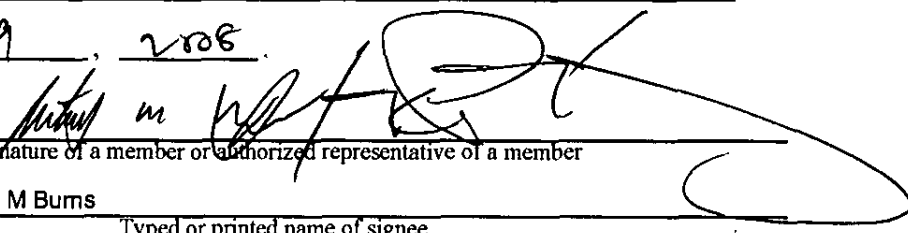
**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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

Dated 12/9, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Patrick M Burns  
\_\_\_\_\_  
Typed or printed name of signee