

L05000014028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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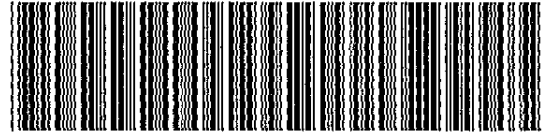
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TALLAHASSEE, FLORIDA

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AND  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: Comprehensive Health Center of Naples, 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:

*old address* < Rudolph Moise  
1400 Goodlette Road  
Naples, Florida 34102

New address  
(Corporate)  
671 NW 119th St  
North MIA, FL 33151

For further information concerning this matter, please call:

Rudolph Moise at ~~(239) 263-3332~~ (305) 219-3582  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy<br>is enclosed) | <input type="checkbox"/> \$60.00 Filing<br>Fee, Certificate of<br>Status & Certified<br>Copy (additional<br>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

**ARTICLE OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
COMPREHENSIVE HEALTH CENTER OF NAPLES, L.L.C.**

**FIRST:** The Articles of Organization were filed on February 10, 2005 and assigned document number L05000014028.

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

ARTICLE V – Names & addresses of Managing Members/Managers are:

Rudolph Moise – MGR

~~1400 Goodlette Road, Naples, FL 34102~~

671 NW 119th Street North MIA FL 33168

Reynald Casimir – Assistant MGR

~~1400 Goodlette Road, Naples, FL 34102~~

671 NW 119th Street North MIA FL 33168

Dated November 14, 2005.

X

Signature of a Member or authorized representative of a Member

Rudolph Moise

Typed or printed name of signee

**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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