

W50000/5114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

W5-15114

(Document Number)

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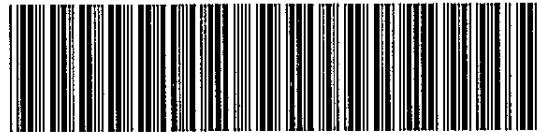
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PASCO ALTERNATIVE HEALTHCARE, 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:

CYNTHIA CLAMON

(Name of Person)

PASCO ALTERNATIVE HEALTHCARE

(Firm/Company)

2216 US HIGHWAY 19

(Address)

HOLIDAY, FL 34691

(City/State and Zip Code)

For further information concerning this matter, please call:

CYNTHIA CLAMON

(Name of Person)

at

727 943-0300

(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

PASCO ALTERNATIVE HEALTHCARE, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 2/14/2005 and assigned  
document number L05000015114.

SECOND: This amendment is submitted to amend the following:

REPLACE MANAGER WITH  
CYNTHIA CLAMON.

Dated December 23, 2005.

Cynthia Clamon

Signature of a member or authorized representative of a member

Cynthia Clamon

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC 27 AM 11:56

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