

LD5000021409

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J. BRYAN JUN 13 2005

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 CORAL WAY, 4<sup>TH</sup> FLOOR

(Address)

MIAMI, FL 33145 (305) 854-6000

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Merritt Island Medical Clinic LLC 105000021409  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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NEW FILINGS	
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<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
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<input type="checkbox"/>	Other

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Examiner's Initials

**CERTIFICATE OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

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**MERRITT ISLAND MEDICAL CLINIC, LLC**

Pursuant to the provisions of section 608.411(2), Florida Statutes, this Limited Liability Company adopts the following Certificate of Amendment to its Articles of Organization:

- FIRST:** The name of the Limited Liability Company is **MERRITT ISLAND MEDICAL CLINIC, LLC**
- SECOND:** The name of the Limited Liability Company shall be changed to **PHYSICIAN'S ANCILLARY SUPPORT SERVICES LLC.**
- THIRD:** The Articles of Organization were filed on 3 March 2005 .
- FOURTH:** The date of the adoption of this amendment is the 7 June 2005.
- FIFTH:** The amendment was adopted by the limited liability company.



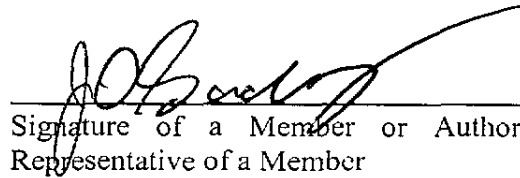
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**SIXTH:** This amendment shall be effective upon the filing with the Secretary of State of Florida.

Signed this 7 June 2005.

  
\_\_\_\_\_  
Signature of a Member or Authorized  
Representative of a Member

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