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(Re	equestor's Name)	"
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	Phyisicans Gr			·
	(Name of Lir	mited Liability Company)		
	s of Amendment and fec(s) are sub espondence concerning this matter			
r rease retain an conv	espondence concerning into maner	to the tonowing.		
		ony D. Barak		
	(t	Name of Person)		
	(1	Firm/Company)		er en en en en en
	4046 Sawy	er Road, Suite D		
	10-10-04113	(Address)		. <u>-</u>
	Sarasota.	Florida 34233	<u> </u>	05
		State and Zip Code)		DEC
For further informati	on concerning this matter, please o	eall;		05 DEC 19 PM 12: 08
Antho	ony D. Barak	at (941) 552 (Area Code & Daytime	- 0373 🖼	12:
	(Name of Person)	(Area Code & Daytime	: Telephone Number)	80
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)

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

05 DEC 19 PH 12: 08

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Physicians Group, L.L.C.					
	(Present Name) (A Florida Limited Liability Company)					
FIRST:	The Articles of Organization were filed on03/10/05 and assigned document number _L05000025404					
SECOND:	ND: This amendment is submitted to amend the following:					
	Article II: The street address of prinicpal office of Limited Liability	,				
	Company is: 4054 Sawyer Road, Sarasota, FL. 34233.					
	Article II: The mailing address of the Limited Liability Company					
	is: 4054 Sawyer Road, Sarasota, FL. 34233.	PO :21				
Dated	December 15 2005					
	· /// / / / / / / / / / / / / / / / / /					
	Signature of a member or authorized representative of a member					
	Anthony D. Barak Typed or printed name of signee					
	ryped or printed name or signee					

Filing Fee: \$25.00