

LO5000027617

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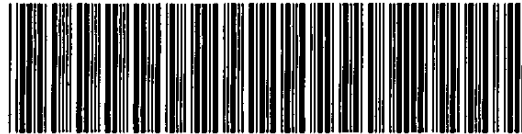
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHYSICIAN CARE NETWORK, 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:

KENNETH J. NEDD
(Name of Person)

PHYSICIAN CARE NETWORK, LLC
(Firm/Company)

3106 Commerce Parkway
(Address)

MIRAMAR, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH J. NEDD at (954) 331-6515
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PHYSICIAN CARE NETWORK, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 03/21/05 and assigned
document number 205000027617

SECOND: This amendment is submitted to amend the following:

PAUL MEYER (ADD TO TITLE) MANAGER

FILED
2007 MAY - 3 A 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 4/30/07

Kenneth J. Nedd

Signature of a member or authorized representative of a member

KENNETH J. NEDD

Typed or printed name of signee

Filing Fee: \$25.00