1050000 43339

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
	Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.		
Please return all correspondence concerning this matter to the	ne following:		
LEWIS Windship	J. Coppel		
AMBULATORY CA	RE AFFILIATES, LTD SE		
1875 TAMARACK CIRCLE			
Coumbus, Ox (City/State	4 43029 and Zip Code)		
For further information concerning this matter, please call:			
ALAN A AYERS (Name of Person)	at (614) 880-5350 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \times \text{Certificate of Status}\$	\$55.00 Filing Fee & Securified Copy (additional copy is enclosed) \$560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		
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Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICA'S URGENT CARE OF FLORIDA HOLDING, LIC (Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on APRIL 28, 2005 and assigned document number LOSODO 43339	_
SECOND:	This amendment is submitted to amend the following:	
	CHANGE ADDRESS OF RECORD TO:	
	LEWIS W. COPPEL	06
	AMBULATORY CARE AFFILIATES, LTD	OF WAY -8 PH 2:
	6525 WEST CAMPUS OVAL, SUITE 150	10000000000000000000000000000000000000
	NEW ALBAMY, OHIO 43054	HO I
	REMOVE THE FOLLOWING MANAGING MEMBER:	器
	CHRIS B. PALKOWITSH	7
	8724 ELLESMERE PLACE	
	ORLANDO, FL 32826-5768	•
Dated	MAY 2 , 2006.	
	Signature of a member or authorized representative of a member	
	ALAN A AYERS Typed or printed name of signee	**

Filing Fee: \$25.00