## L05000105974

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## **COVER LETTER**

	ion Section of Corporations	
SUBJECT: Curlew Medical Center LLC		
	(Name of Limited Liability Company)	
	cles of Amendment and fee(s) are submitted for filing.  orrespondence concerning this matter to the following:	
	Louis C. Scourtas	
	(Name of Person)	
	Louis Scourtas & Associates, Inc.	
	(Firm/Company)	
	Louis C. Scourtas  (Name of Person)  Louis Scourtas & Associates, Inc.  (Firm/Company)  24761 US Hwy 19 N Suite 630  (Address)	
	(Address)	
	Clearwater, FL 33763	
	(City/State and Zip Code)	
For further inform	nation concerning this matter, please call:	
Louis	s C. Scourtas <sub>at (</sub> 727 <sub>-)</sub> 443-0709	
<del></del>	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check	for the following amount:	
\$25.00 Filing Fee	e \$\int_\$30.00 Filing Fee & \$\int_\$55.00 Filing Fee & \$\int_\$\$ Certificate of Status & Certified Copy \$\int_\$ Certificate of Status &	

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallshassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C	urlew Medical Center LLC
	(Present Name) (A Florida Limited Liability Company)
	SEE FLORE
FIRST:	The Articles of Organization were filed on October 31, 2005 and assigned document number L05000105974 and assigned
SECOND:	This amendment is submitted to amend the following:
	Article V Additional Names and addresses of Managing Members/Managers are as follows:
	TITLE: MGR NAME: Elkyman, Ezra ADDRESS: 24761 US Hwy 19 N Suite 630, Clearwater, FL 33763 US
	TITLE: MGR NAME: Case, Brad ADDRESS: 24761 US HWY 19 N Suite 830, Clearwater, FL 33763 US
	TITLE: MGR NAME: Sankoorkal, Antony ADDRESS: 24761 US Hwy 19 N Suite 630, Clearwater, FL 33763 US
	TITLE: MGR NAME: Som, Ananda ADDRESS: 24761 US Hwy 19 N Suite 630, Clearwater, FL 33763 US
Dated No	Signature of a member of authorized representative of a member  Typed or printed name of signee

Filing Fee: \$25.00