

Division of Corporations

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LD5000107187

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Division of Corporations
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From:

Account Name : DELOACH & HOFSTRA, P.A.
Account Number : I19990000123
Phone : (727) 397-5571
Fax Number : (727) 393-5418

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**MY NGUYEN, M.D., LLC**

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: MY NGUYEN, M.D., 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:

D. "REP" DELOACH, III

(Name of Person)

DELOACH & HOFSTRA, P.A.

(Firm/Company)

8640 SEMINOLE BLVD.

(Address)

SEMINOLE, FL 33777

(City/State and Zip Code)

For further information concerning this matter, please call:

D. "REP" DELOACH, III

(Name of Person)

at (727) 397-5571

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H06000039628 3

MY NGUYEN, M.D., LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on NOVEMBER 3RD, 2005 and assigned document number L05000107187.

SECOND: This amendment is submitted to amend the following:

NEW MAILING ADDRESS OF LLC IS: 5136 CENTRAL AVE., ST. PETERSBURG, FL 33707

NEW REGISTERED AGENT IS D. "REP" DELOACH, III

NEW REGISTERED AGENT ADDRESS IS : 8640 SEMINOLE BLVD., SEMINOLE, FL 33772

I, D. REP DELOACH, III, HEREBY ACKNOWLEDGE

UNDERSTAND AND ACCEPT THE DESIGNATION I HAVE

BEEN GIVEN AS REGISTERED AGENT.

Dated FEBRUARY 14TH, 2005.

FILED
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TALLAHASSEE, FLORIDA



Signature of a member or authorized representative of a member

D. "REP" DELOACH, III

Typed or printed name of signee

Filing Fee: \$25.00

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