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M. THOMAS

AUG 12 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNAL MEDICINE SERVICES OF OSCEOLA
(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:

CONRADO TALAMPAS, M.D.
(Name of Person)
MEDICAL CLINIC OF OSCEOLA
(Firm/Company)
1506 VILLAGE OAK LANE
(Address)
KISSIMMEE FL 34746
(City/State and Zip Code)

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For further information concerning this matter, please call:

RACHEL R. PILARES at (407) 460-6770
(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTERNAL MEDICINE SERVICES OF OSCEOLA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/29/2006 and assigned
Florida document number LO6000033290.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MEDICAL CLINIC OF OSCEOLA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1506 VILLAGE OAK LANE
KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1506 VILLAGE OAK LANE
KISSIMMEE, FL 34746

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CONRADO TALAMPAS, M.D.

New Registered Office Address:

1506 VILLAGE OAK LANE

(Enter Florida street address)

KISSIMMEE

(City)

Florida

34746

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	BRUCE A. MOORE, JR.	ONE PARK PLAZA NASHVILLE, TN 37203	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MILTON R. JOHNSON	ONE PARK PLAZA NASHVILLE, TN 37203	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROBERT SAMUEL HANKINS, JR.	ONE PARK PLAZA NASHVILLE, TN 37203	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CONRADO TALAMPAS, M.D.	1506 VILLAGE OAK LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 8, 2008



Signature of a member or authorized representative of a member

CONRADO TALAMPAS, M.D.

Typed or printed name of signee