

L06000033290

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000080816 3)))



H090000808163ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

2009 APR -6 AM 11:00
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MEDICAL CLINIC OF OSCEOLA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

RECEIVED

09 APR -6 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

A. LUNT

APR - 7 2009

EXAMINER 4/6/2009

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

Medical Clinic 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 L06000033290.

This amendment is submitted to amend the following:

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

Internal Medicine Services of Osceola, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

One Park Plaza

Nashville, TN 37203

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

One Park Plaza - Legal Department

Nashville, TN 37203

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

(Enter Florida street address)

Plantation

Florida

33324

(City)

(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)

Chris McNeair

Assistant Secretary

2009 APR 16 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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
MGRM	Conrado Talampas, M.D.	1506 Village Oak Lane Kissimmee, FL 34746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	A. Bruce Moore, Jr.	One Park Plaza Nashville, TN 37203	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	R. Milton Johnson	One Park Plaza Nashville, TN 37203	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	William B. Rutherford	One Park Plaza Nashville, TN 37203	<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

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

Dated April 6, 2009

Dora A. Blackwood
Signature of a member or authorized representative of a member
Dora A. Blackwood, Authorized Representative of Member
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

2009 APR -6 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED