

L06000057799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

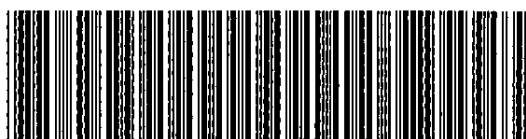
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUN -3 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN - 4 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDICAL EDUCATION SERVICES, 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:

MEDINVEST, LLC

(Name of Person)

6017 PINE RIDGE ROAD

(Firm/Company)

#166

(Address)

NAPLES, FL 34119

(City/State and Zip Code)

For further information concerning this matter, please call:

INESE ABUSHERRY

(Name of Person)

at (239) 293-2005

(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

FILED
08 JUN -3 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEDICAL EDUCATION SERVICES, 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 JUNE 6, 2006 and assigned
Florida document number L06000057799

This amendment is submitted to amend the following:

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

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:

6017 PINE RIDGE RD #166

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34119

Enter new mailing address, if applicable:

P O BOX 7038

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34101

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:

INESE ABUSHERRY

New Registered Office Address:

6017 PINE RIDE RD #166

(Enter Florida street address)

NAPLES


(City)

, Florida 34119

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TRICIA LEONE PANELLA	471 SOLL ST NAPLES, FL 34109	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MONTAGE, LLC	6017 PINE RIDGE RD #166 NAPLES, FL 34119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PASCO, LLC	6017 PINE RIDGE RD #166 NAPLES, FL 34119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MD SURGICAL ASSOCIATES	4405 NORTHSIDE PKWY NW #2122 ATLANTA, GA 30327	<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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MAY 27, 2008.


Signature of a member or authorized representative of a member

INESE ABUSHERRY
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2008

MEDINVEST, LLC
6017 PINE RIDGE RD
166
NAPLES, FL 34119

Re: Document Number L06000057799

The Articles of Amendment to the Articles of Organization for MEDICAL EDUCATION SERVICES, LLC, a Florida limited liability company, were filed on June 3, 2008.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Tammy Hampton
Regulatory Specialist II
Division of Corporations

Letter Number: 908A00034783

State of Florida



Department of State

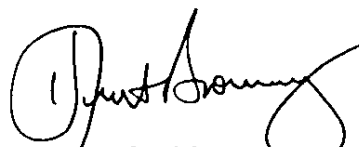
I certify the attached is a true and correct copy of Articles of Amendment, filed on June 3, 2008, to the Articles of Organization for MEDICAL EDUCATION SERVICES, LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L06000057799.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fourth day of June, 2008



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
08 JUN -3 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEDICAL EDUCATION SERVICES, 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 JUNE 6, 2006 and assigned
Florida document number L06000057799.

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(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34101

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INESE ABUSHERRY

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6017 PINE RIDE RD #166

(Enter Florida street address)

NAPLES

(City)

, Florida 34119

(Zip Code)

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated MAY 27, 2008

 Signature of a member or authorized representative of a member

 INESE ABUSHERRY
 Typed or printed name of signer

State of Florida



Department of State

I certify from the records of this office that MEDICAL EDUCATION SERVICES, LLC, is a limited liability company organized under the laws of the State of Florida, filed on June 6, 2006.

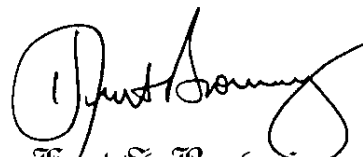
The document number of this company is L06000057799.

I further certify that said company has paid all fees due this office through December 31, 2008, that its most recent annual report was filed on April 21, 2008, and its status is active.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fourth day of June, 2008



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State