

LD0000093958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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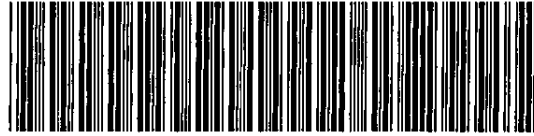
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premiere Health Group 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:

Genevieve Cockfield

(Name of Person)

CMS International Enterprises, Inc.

(Firm/Company)

550 Biltmore Way, Suite 200

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel Rubio

(Name of Person)

at (305) 663-6446

(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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Premiere Health Group, LLC.

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/25/06 and assigned  
document number L06000093958

SECOND: This amendment is submitted to amend the following:

Remove CCA Equipment, Inc. and  
Miami Durable Medical Equipment, Inc. as  
Managers. The new manager is  
The Allied Group LLC, 550 Biltmore Way #200,  
Coral Gables, FL 33134

Change registered agent as outlined  
in the enclosed form.

Dated October 3, 2006.



Signature of a member or authorized representative of a member

Manuel Rubio

Typed or printed name of signer

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Premiere Health Group, LLC  
2. The mailing address of the limited liability company is: 550 Biltmore Way #200,  
Coral Gables, FL 33134  
9/25/06 406000093958  
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Samlut & Company  
Name  
550 Biltmore Way  
Address  
Coral Gables, FL 33134  
City, State and Zip

6. The name and address of the new registered agent and/or office:

CMS International Enterprises,  
Name  
550 Biltmore Way, Suite 200  
Florida street address (P.O. Box NOT acceptable)  
Coral Gables, FL 33134  
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

Manuel Rubio  
(Printed or typed name of signer)

*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.*

[Signature] President  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00