

LUG000095294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

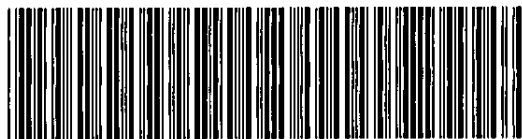
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B. KOHR

AUG 24 2011

EXAMINER



800210523968

RECEIVED

11 AUG 24 PM 1:41

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 AUG 24 PM 2:45



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 889590 7667894  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 24 PM 3:45

ORDER DATE : August 24, 2011  
ORDER TIME : 11:42 AM  
ORDER NO. : 889590-005  
CUSTOMER NO: 7667894

DOMESTIC AMENDMENT FILING

NAME: MEDICAL DEVELOPERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 24 PM 2:45

Medical Developers, 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 9/28/2006 and assigned  
Florida document number L06000095294.

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: 2270 Colonial Boulevard  
(Principal office address **MUST BE A STREET ADDRESS**) Fort Myers, FL 33907

Enter new mailing address, if applicable: 2270 Colonial Boulevard  
(Mailing address **MAY BE A POST OFFICE BOX**) Fort Myers, FL 33907  
Attn: Tax Department

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: CORPORATION SERVICE COMPANY  
New Registered Office Address: 1201 HAYS STREET  
*Enter Florida street address*  
TALLAHASSEE, Florida 32301-2525  
*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.*

DAVID W. NICKELSEN  
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:

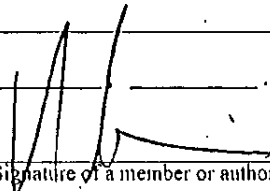
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Alejandro P. Joya</u>	<u>Two Alhambra Plaza, Suite 1101</u> <u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Daniel E. Dosoretz, M.D.</u>	<u>2270 Colonial Boulevard</u> <u>Fort Myers, FL 33907</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Alejandro Dosoretz</u>	<u>2270 Colonial Boulevard</u> <u>Fort Myers, FL 33907</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Brian J. Carey</u>	<u>2270 Colonial Boulevard</u> <u>Fort Myers, FL 33907</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Eduardo Fernandez, M.D.</u>	<u>2270 Colonial Boulevard</u> <u>Fort Myers, FL 33907</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Norton L. Travis</u>	<u>1010 Northern Boulevard, Suite 314</u> <u>Great Neck, NY 11021</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Norton L. Travis, Manager

\_\_\_\_\_  
Typed or printed name of signer