

Division of Corporations

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L060000108294

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : FERNAND LAMOTHE, INC.  
Account Number : 105057001570  
Phone : CA +1 4187801300 Appeler  
Fax Number : (418) 210-3633

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## I P C FLORIDA HEALTH LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IPC FLORIDA HEALTH 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:

FERNAND LAMOTHE

(Name of Person)

(Firm/Company)

879 N W 110th TERRACE

(Address)

PLANTATION, FLORIDA, 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

FERNAND LAMOTHE

(Name of Person)

at ( 954 ) 636-3933  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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**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

**IPC FLORIDA HEALTH LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on **NOVEMBER 7, 2006** and assigned document number **L00000108294**

**SECOND:** This amendment is submitted to amend the following:

**ARTICLE 1 NAME**

**The name of the limited liability company**  
**shall be « IMS Florida Health LLC »**

Dated **APRIL 03**, **2007**

  
Signature of a member or authorized representative of a member

**FERNAND LAMOTHE**

Typed or printed name of signee

Filing Fee: \$25.00

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