

LD60000111812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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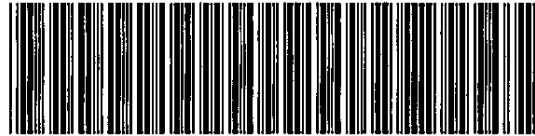
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHANGE OF ADDRESS  
(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:

ABIOLA A. ADEYEMO  
(Name of Person)

FLORIDA INTEGRATED HEALTH SERVICES LLC  
(Firm/Company)

404 N ALEXANDER ST  
(Address)

PLANT CITY, FL 33563  
(City/State and Zip Code)

For further information concerning this matter, please call:

ABIOLA A. ADEYEMO at (813) 719-3278  
(Name of Person) (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

FLORIDA INTEGRATED HEALTH SERVICES LLC.

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 11/20/06 and assigned  
document number 20600011812

SECOND: This amendment is submitted to amend the following:

NEW ADDRESS OF THE COMPANY IS:

FLORIDA INTEGRATED HEALTH SERVICES LLC  
404 N. ALEXANDER ST  
PLANT CITY, FLORIDA 33563

Dated

4/29/07



Signature of a member or authorized representative of a member

ABIOLA A. ADEYEMO

Typed or printed name of signee

07 MAY -03 PM 3:45

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Filing Fee: \$25.00