

100000111812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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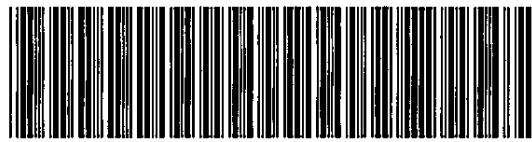
(Business Entity Name)

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DIVISION OF CORPORATIONS
07 MAY -3 PM 3:44

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 LO 6000111812

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 13 PM 3:45

Filing Fee: \$25.00