L06000112720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
JUN 24 2011
EXAMINER

NO #

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2011

JOSEPH DI CAPUA
7800 WEST OAKLAND PARK BLVD., STE E-214
SUNRISE, FL 33351

SUBJECT: PHYSICIANS HEALTH CARE SYSTEMS, LLC
Ref. Number: L06000112720

We have received your document for PHYSICIANS HEALTH CARE SYSTEMS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 711A00014403

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Physicians Health Care Systems, 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:

Joseph Di Capua
Name of Person

Physicians Health Care Systems, LLC
Firm/Company

7800 West Oakland Park Blvd., Suite E-214
Address

SUNRISE, FL 33351
City/State and Zip Code

LDiCapua@rmainc.org
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lucie Di Capua at (954) 318-6590 Ext. 103
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

Physicians Health Care Systems, 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 11/21/2006 and assigned Florida document number L06000112720.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Physicians Healthcare Systems, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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.

_____
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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

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TALLAHASSEE, FLORIDA

Dated _____, _____

_____
Signature of a member or authorized representative of a member

Joseph Di Capua
_____
Typed or printed name of signee

Filing Fee: $25.00