

107000001922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

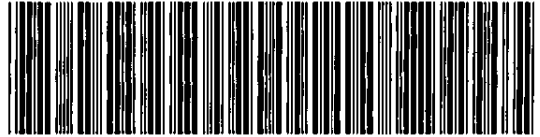
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300113152463

12/21/07--01025--005 **25.00

FILED
07 DEC 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

12/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INNOVATIVE MEDICAL SERVICES 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:

C R COOPER CPA PA
(Name of Person)

C R COOPER CPA PA
(Firm/Company)

1495 FOREST HILL BLVD STE B
(Address)

WEST PALM BEACH, FL 33406
(City/State and Zip Code)

For further information concerning this matter, please call:

C R COOPER CPA/HOLLY MCGINLEY at (561) 964-6927
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
07 DEC 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INNOVATIVE MEDICAL SERVICES 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 01/05/2007 and assigned
Florida document number L07000001922.

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."

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: BEN GALIN

New Registered Office Address: 1924 FOREST HILL BLVD. STE 22-236
(Enter Florida street address)

WELLINGTON, Florida 33414
(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

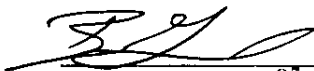
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BEN GALIN	11924 FOREST HILL BLVD STE 22-22 WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	THERAPY ON DEMAND INC	11924 FOREST HILL BLVD STE 22-22 WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

07 DEC 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated December 19, 2007.



Signature of a member or authorized representative of a member

BEN GALIN MANAGING MEMBER

Typed or printed name of signee