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(Requestor's Name) (Address) (Address)	700108095427						
(City/State/Zip/Phone #)	08/16/0701013013 **25.00						
(Business Entity Name) (Document Number) Certified CopiesCertificates of Status	TANG 15						
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TO: Registration Section Division of Corporations
SUBJECT: ALL Medical, 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:
(Name of Person)
(Firm/Company)
1696 W. Hillsburg Blud
Deerfield Beach, FC 33442 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 429-1010 (Area Code & Day time Telephone Number)
Enclosed is a check for the following amount:
\$\$25.00 Filing Fee \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

ALL Medical, LLC

(Pres	sent Name)	
(A Florida Limit	ted Liability Compa	ny}

FIRST: The Articles of Organization were filed on <u>03 029 07</u> and assigned document number <u>L0 7000033857</u>.

SECOND: This amendment is submitted to amend the following:

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02001	MANAGER/Member Detail							• • • • • • • •
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Dated	August	دىر, م	2007	· · · · · · · ·	Ι ε λ	* = ==) = ₁₀ .	16 PH 1:55	FILED FILED FOR CARL
		Signature of a m	ember or autho	rized representa	Live of a member		-	
		^	Mark Typed or printe	Mile d name of signe			-) —

Filing Fee: \$25.00