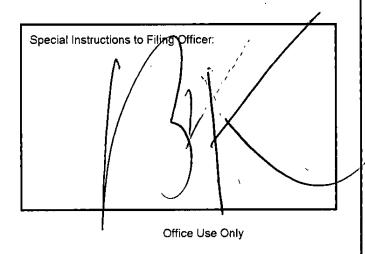
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status





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TALLAHASSEE, FLORID

DEPARTMENT OF STATE CONVISION OF CORPORATION 27 AN 8: 48

NOT WISCOULE OF STATE OF STATE OF CORPORATION S. 48

SUFFICIENCY OF FILLING



ACCOUNT NO. : 072100000032

REFERENCE :

870797

7519059

AUTHORIZATION

COST LIMIT

ORDER DATE: April 26, 2007

ORDER TIME : 4:16 PM

ORDER NO. : 870797-005

CUSTOMER NO: 7519059

DOMESTIC AMENDMENT FILING

NAME: MEDI-WEIGHTLOSS CLINICS-ST

PETERSBURG I, LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath -- EXT# 2955

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDI-WEIGHTLOSS CLINICS-ST PETERSBURG I, LLC

(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on April 2, 2007 and assigned document number L07000035087

SECOND: This amendment is submitted to amend the following:

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDI-WEIGHTLOSS CLINICS-ST PETERSBURG I, P.L.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3268 66th Street North St. Petersburg, Florida 33710

Mailing Address:

3268 66th Street North St. Petersburg, Florida 33710

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Edward A. Zbella, M.D. 3268 66th Street North St. Petersburg, Florida 33710

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

EDWARD A ZBELLA, M.D. Kegistered Agent's Signature THRETARY OF STATE A

ARTICLE IV- Manager(s) or Managing Member(s):

The Company is manager-managed. The name and address of each Manager is as follows:

Title: Name and Address:

Edward A. Zbella, M.D., Manager 3268 66th Street North St. Petersburg, Florida 33710

THIRD: New Article VI is added to read in its entirety as follows:

ARTICLE VI - Purpose.

The Company is organized as a professional limited liability company for the sole and specific purpose of rendering professional service by engaging in the practice of medicine and that has as its members only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional service as the limited liability company.

Dated 4/25, 2007.

EDWARD A. ZBELLA, M.D.

Signature of a member or authorized representative of a member Typed or printed name of signee

Articles

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Amendment

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Articles of Amendment-1959278v1