

L07000038473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

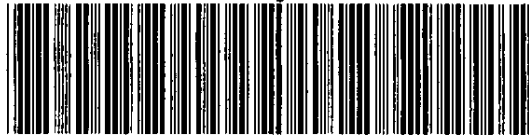
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DIVISION OF CORPORATIONS
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J. BRYAN

SEP - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Biscup Spine Institute, 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:

Melvin D. Whitfield, MD
(Name of Person)

Florida Neurological Surgery, LLC
(Firm/Company)

1301 E. Broward Blvd, Suite 300
(Address)

Fort Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Clyde Fredrickson at (954) 302-6370
(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

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

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DIVISION OF CORPORATIONS
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Biscup Spine Institute, 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 April 10, 2007 and assigned
Florida document number L07000038473.

This amendment is submitted to amend the following:

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

Florida Neurological Surgery, 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:

1301 E. Broward Blvd, Suite 300

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

1301 E. Broward Blvd, Suite 300

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33301

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:

Melvin D. Whitfield

New Registered Office Address:

1301 E. Broward Blvd, Suite 300

(Enter Florida street address)

Fort Lauderdale

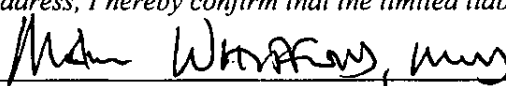
(City)

Florida 33301

(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:

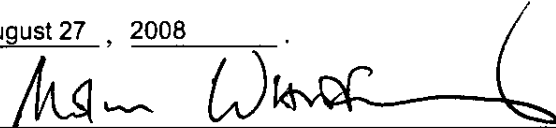
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Melvin D. Whitfield	1301 E Broward Blvd, Suite 300 Fort Lauderdale, FL 33301	☒ Add ☐ Remove
MGRM	Robert S. Biscup	1301 E. Broward Blvd, Suite 300 Fort Lauderdale, FL 33301	☐ 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.)*

Dated August 27, 2008



Signature of a member or authorized representative of a member

Melvin D. Whitfield, MD

Typed or printed name of signee

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