## -607000047178

| (Requestor's Name)                      |                                    |
|---|------------------------------------|
| (Address)                               | 700110                             |
| (Address)                               | 700110                             |
| (City/State/Zip/Phone #)                |                                    |
| PICK-UP WAIT MAIL                       |                                    |
| (Business Entity Name)                  | 10/10/07                           |
| (Document Number)                       |                                    |
| Certified Copies Certificates of Status | <del>-</del> . <u></u> . <u></u> . |
| Special Instructions to Filing Officer: |                                    |
|   |                                    |
|   |                                    |
| 4                                       |                                    |

Office Use Only



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SECRETATE STATE

## **COVER LETTER**

TO:

**Registration Section** 

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| Division of C              | orporations                                |   |   |
|----------------------------|--|---|---|
| Palm B                     | each Geriatric Assessmo                    | ent Institute   |   |
| SUBJECT:                   | (Name of Lin                               | nited Liability Company)  | <u>.                                    </u>  |
|                            |  |   |   |
| The enclosed Articles      | of Amendment and fee(s) are su             | bmitted for filing.   |   |
| Please return all corres   | pondence concerning this matte             | r to the following:   |   |
|                            | Joel Dalva                                 |   |   |
|                            |  | (Name of Person)  | <u> </u>  |
|                            | Palm Beach Geriatric                       | Assessment Institute  | 07 OC<br>SECK<br>ALLA   |
|                            | د د میا د میا                              | (Firm/Company)  | NAS T   |
|                            | 220 Congress Park Dr                       | ive, Suite 305  | I B PI  |
|                            |  | (Address)   | PH 2:25   |
|                            | Delray Beach, FL 3344                      | <b>4</b> 5  | RIDA<br>S   |
|                            |  | City/State and Zip Code)  |   |
| For further information    | concerning this matter, please             | call:   |   |
| Seth B. Goldsmith          | า  | 954 270-6411  |   |
| (Nam                       | e of Person)                               | _at ((Area Code & Daytim  | ne Telephone Number)  |
| Enclosed is a check for th | ne following amount:                       |   |   |
| \$25.00 Filing Fee         | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAI                        | LING ADDRESS:                              | STREET/COURI  | ER ADDRESS:   |

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



October 11, 2007

JOEL DALVA 220 CONGRESS PARK DRIVE, SUITE 305 DELRAY BEACH, FL 33445

SUBJECT: PALM BEACH GERIATRIC ASSESSMENT INSTITUTE, LLC

Ref. Number: L07000047178

07 OCT 18 PM 2:25
SECRE JANY OF STATE

We have received your document for PALM BEACH GERIATRIC ASSESSMENT INSTITUTE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

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.

Letter Number: 007A00059943

Deborah Bruce Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|         | Fairi Deach Genatiic Assessment institute  |  |  |  |
|---------|--|--|--|--|
|         | (Present Name) (A Florida Limited Liability Company)   |  |  |  |
| FIRST:  | The Articles of Organization were filed on document number L07000047178  and assigned                  |  |  |  |
| SECOND: | This amendment is submitted to amend the following: add the names of the following officers of the LLC |  |  |  |
|         | Joel Dalva, Chief Financial Officer MGRM   |  |  |  |
|         | 220 Congress Park Drive, Suite 305   |  |  |  |
|         | Delray Beach, FL 33445   |  |  |  |
|         | 1885<br>1885   |  |  |  |
|         | Claude Earl Fox, President   |  |  |  |
|         | 41 Fort Royal Isle   |  |  |  |
|         | Ft. Lauderdale, FL 33308   |  |  |  |
|         |  |  |  |  |
|         | October 5 2007   |  |  |  |
| Dated   |  |  |  |  |
|         | Signature of a member or authorized representative of a member   |  |  |  |
|         | Seth B. Goldsmith  |  |  |  |
|         | Typed or printed name of signee  |  |  |  |