

L07000049465

Florida Department of State
Division of Corporations
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(((H12000114026 3)))



H120001140263ABCR

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To: Division of Corporations
Fax Number : (850) 617-6383

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Email Address: vvaled@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRIMARY CARE ASSOCIATES OF FLORIDA LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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2012 APR 26 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

APR 27 2011

EXAMINER

H120001140263
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Primary Care Associates of Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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STATE OF FLORIDA
HALL COUNTY CLERK

The Articles of Organization for this Limited Liability Company were filed on 5/9/2007 and assigned
Florida document number L07000049465

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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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

Title	Name	Address	Type of Action
MGRM	Eden's Valentin	1403 MEDICAL PLAZA DR., STE. 107 SANFORD, FL 32771	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated APRIL 25, 2012

Alexandra Alexis

Signature of a member or authorized representative of a member

ALEXANDRA ALEXIS

Typed or printed name of signee

H120001140263