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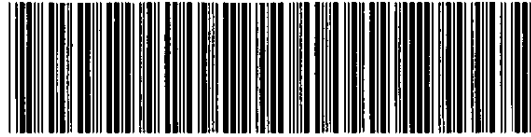
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOICE 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:

ART WRIGHT, JR.
(Name of Person)

CHOICE MEDICAL
(Firm/Company)

905 E. ALTAMONTE DRIVE
(Address)

ALTAMONTE SPRINGS, FL 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

ART WRIGHT, JR. at (407) 331-6423
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
07 SEP 10 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHOICE MEDICAL, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JUNE 25, 2007 and assigned document number L 07000066544.

SECOND: This amendment is submitted to amend the following:

ARTICLE I OF THE ARTICLES OF ORGANIZATION
IS AMENDED TO READ THE FOLLOWING:

ARTICLE I - THE NAME OF THIS LIMITED
LIABILITY COMPANY IS: CYNTRIST, LLC

Dated SEPTEMBER 6, 2007.


Signature of a member or authorized representative of a member

ARTHUR M. WRIGHT, JR.
Typed or printed name of signee