

LOT000071091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

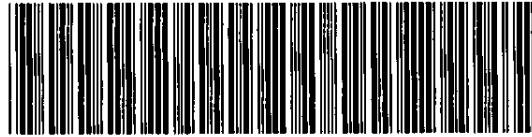
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

No \$



400135513344

12/04/08--01001--004 \*\*25.00

08 DEC -3 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. BRUCE  
DEC - 3 2008  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Preferred Healthcare, 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:

Frank M. Mossucco  
(Name of Person)

First Preferred Healthcare, LLC  
(Firm/Company)

485 South Federal Hwy  
(Address)

Dania Bch, FL 33004  
(City/State and Zip Code)

FILED  
08 DEC -3 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Frank M. Mossucco at (954) 600-9091  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2008

FRANK M. MOSSUCCO  
485 SOUTH FEDERAL HWY  
DANIA BEACH, FL 33004

SUBJECT: FIRST PREFERRED HEALTHCARE, LLC  
Ref. Number: L07000071091

We have received your document for FIRST PREFERRED HEALTHCARE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 808A00057766

FILED  
08 DEC -3 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

First Preferred Healthcare, 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 07/09/07 and assigned Florida document number L 07000071091.

This amendment is submitted to amend the following:

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

[Handwritten signature]

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)**

[Handwritten signature]

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

[Handwritten signature]

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
08 DEC -3 PM 3:25  
FILED

**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:

[Handwritten signature]

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)**

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	Frank M. Massucco	6574 State Road 7 Suite 141 Coconut Creek FL 33073	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Anthony L. Massucco	6574 State Road 7 Suite 141 Coconut Creek FL 33073	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Howard C Godefsky	6574 State Road 7 Suite 141 Coconut Creek, FL 33073	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 6<sup>th</sup>, 2008

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Frank Massucco  
\_\_\_\_\_  
Typed or printed name of signee

08 DEC -3 PM 3:28  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA