## Florida Department of State

Division of Corporations Public Access System

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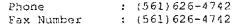
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## UTHWEST FLORIDA SPINE EDUCATION AND RESEARCH GROUP

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SOUTHWEST FLORIDA SPINE EDUCATION AND RESEARCH GROUP, 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	d	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
CONTRIBUTES OF COMMA SOURCE AND OPTHOPEDIC FOLICATIONAL CENTER LLC		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LC" or the abbre "L.L.C."	viation	
Enter new principal offices address, if applicable:	口口	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	e new	
Name of New Registered Agent:		
New Registered Office Address:  (Enter Florida street address)	<del></del>	
, Florida	, 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 heing 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)

Page 1 of 2

MGR = Manager

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:

MGRM = Managing Member					
Title	Name	Address	Type of Action		
MGRM	SAMUEL HESS		Add Remove		
			Add Remove		
	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Add Remove		
<del></del>			Add Remove		
		AHA SS En	Actal		
		FLORATE ORDA	Taxdd #		
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)			
			<del></del>		
		<u> </u>	<del>-</del>		
Dated Decemb	per 23 , 2008.				
	Signature of a member o	r authorized representative of a member			
_	MICHAEL S. SINGER, ES	Q.			

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Filing Fee: \$25.00