

L07000095288

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(Address)

(Address)

(City/State/Zip/Phone #)

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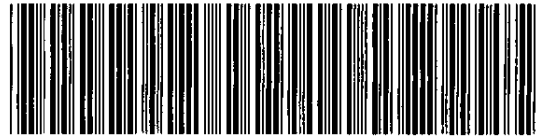
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN

FEB 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDCHOICE OF NORTH HIALEAH, L.L.C.
(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:

RICARDO L. REGALADO

(Name of Person)

MEDCHOICE OF NORTH HIALEAH, L.L.C.

(Firm/Company)

PO BOX 141799

(Address)

CORAL GABLES, FLORIDA 33114-1799

(City/State and Zip Code)

For further information concerning this matter, please call:

LINA PALACIO

(Name of Person)

at (305) 398-0804

(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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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DIVISION OF CORPORATIONS
09 FEB 13 AM 11:53

MEDCHOICE OF NORTH HIALEAH, L.L.C.

(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 SEPTEMBER 18, 2007 and assigned
Florida document number L07000095288.

This amendment is submitted to amend the following:

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

QUALMED OF NORTH HIALEAH, L.L.C.

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:

1578 W 68 STREET

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FLORIDA 33014

Enter new mailing address, if applicable:

P.O BOX 141799

(Mailing address MAY BE A POST OFFICE BOX)

CORALGABLES, FLORIDA 33114-1799

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)

- 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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

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Dated FEBRUARY 11, 2009

Signature of a member or authorized representative of a member

RICARDO L. REGALADO
Typed or printed name of signee