## 08921-120010

| (Re                     | equestor's Name)   |                                       |  |  |
|-------------------------|--------------------|---------------------------------------|--|--|
| (Ad                     | ldress)            | · · · · · · · · · · · · · · · · · · · |  |  |
| (Ad                     | ldress)            |                                       |  |  |
| (Cit                    | ty/State/Zip/Phone | e #)                                  |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL                                  |  |  |
| (Bu                     | siness Entity Nan  | ne)                                   |  |  |
| (Document Number)       |                    |                                       |  |  |
| Certified Copies        | _ Certificates     | of Status                             |  |  |
| Special Instructions to | Filing Officer:    |                                       |  |  |
|                         |                    |                                       |  |  |
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**EXAMINER** 

## **COVER LETTER**

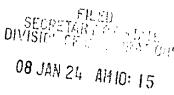
| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: GLADES PRIMARY CARE LLC  |
| (Name of Limited Liability Company)   |
|   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
|   |
| Raj Bansal, M.D.  |
| (Name of Person)  |
| Glades Primary Care LLC   |
| (Firm/Company)  |
| 875 Military Trail Suite 200  |
| (Address)   |
| Jupiter, FL 33458   |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Raj Bansal, M.D. at ( 561 ) 746-2411  |
| (Name of Person) (Area Code & Daytime Telephone Number)   |
|   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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



| Glades Primary Care 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 <u>December 10</u> and assigned  |
| Florida document number <u>L07000116980</u> .  |
| 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."                                    |
| 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)   |
|  |

## 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)

| MGR = Manager<br>MGRM = Managing Member |                                    |   |                |  |
|---|------------------------------------|---|----------------|--|
| <u> Fitle</u>                           | <u>Name</u>                        | Address   | Type of Action |  |
| MGRM                                    | DASS, KISHORE                      | 875 Military Trail Suite 200<br>Jupiter, FL 33458   | Add Remove     |  |
| <del></del>                             |                                    |   | Add Remove     |  |
| <u>.</u>                                |                                    |   | Add Remove     |  |
| <del></del>                             |                                    |   | Add Remove     |  |
|   |                                    |   | Add<br>Remove  |  |
| ·                                       |                                    |   | Add<br>Remove  |  |
| ). If amend                             | ing any other information, enter c | hange(s) here: (Attach additional sheets, if necess | sary.)         |  |
|   |                                    |   |                |  |
|   |                                    |   |                |  |
| Dated JANU                              | JARY 17 , 2                        | 2008  |                |  |
|   | Signature of a me                  | ember or authorized representative of a member      | <del>,</del>   |  |

Page 2 of 2

Filing Fee: \$25.00