2118364

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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500127231725

G. MCLECO MAY - 6 2008 EXAMINE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Medical	Specialist Home Heath (Name of Limited Liability Company)	Care, LLC
The enclosed Articles of Amendme	nt and fee(s) are submitted for filing.	
Please return all correspondence con	ncerning this matter to the following:	
<u>Aml</u>	Prumbaugh (Name of Person) bulatory Infusion Speciali (Firm/Company) Ley N.E. 18th Terrace State (Address) upano Bch [F]. 33044 (City/State and Zip Code)	<u>B</u>
For further information concerning	this matter, please call:	
Cathy Brumbay (Name of Person)	at (954) 580-01 (Area Code & Daytime	7D ext 2DZ Telephone Number)
Enclosed is a check for the followin \$\begin{align*} \text{\$\frac{1}{2}}\$\$ \$30.0 \\ \text{Cert} \text{\$\frac{1}{2}}\$\$	g amount: 0 Filing Fee & S55.00 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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

08 MAY -5 PM 3: 27

OF

Medical Specialist Home Health Care, LLC

(Name of the Limited) (A	<mark>Liability Company a</mark> Florida Limited Liabi	s it now appears on lity Company)	our records.)				
The Articles of Organization for this Limited Lia		re filed on	27/200	2 and assigned			
Florida document number L070b01183	364						
,		. •					
This amendment is submitted to amend the follo	wing:	,					
·							
A. If amending name, enter the new name of	the limited liability	company here:		•			
Ambulatory Infusion The new name must be distinguishable and end with	on Specia	dist LLC	·				
The new name must be distinguishable and end with "L.L.C."	the words "Limited !	Liability Company,"	the designation "	LLC" or the abbreviation			
B. If amending the registered agent and/o registered agent and/or the new registered off	~	address on our	records, enter	the name of the new			
registered agent and/or the new registered on	ice addiess here.						
	<i>a</i> . <i>-</i>						
Name of New Registered Agent:	Cathy:	Brumbauc	h	<u> </u>			
New Registered Office Address:	3664 N	LE. 18th	errace	Ste.B			
	(Enter Florida street address)						
	Pempano 1	Beach	, Florida	33044			
·		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 Title Address **Type of Action** Name 1 Cathy Brumbaugh 3444 N.E. 18th Terrace MGRM Remove Deepak Ranade 3664 N.E. 18th Terrace Stc. B MGRM *(changing address) Add Remove Add Remove ■Add Remove \neg Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) For Deepak Ranade already listed as MGRM - we are changing address. Dated April 2008 Signature of a member or duthorized representative of a member Cathy Brumbaugh Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00