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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**BEST AMERICAN MEDICAL CARE, L.L.C.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

**T. CLINE**

JAN 10 2008

**EXAMINER**

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Help

108-2330

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

BEST AMERICAN MEDICAL CARE, 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 January 8, 2008 and assigned Florida document number LO8000002330.

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)*

\_\_\_\_\_, 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)**

JAN. 9. 2008 2:56PM

GASSMAN, BATES&ASSOC.

NO. 1743 P. 3/3

**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>
MGR	PARIKSITH SINGH	5350 Spring Hill Drive Spring Hill, FL 34606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOSEPH IDICULA	10065 Cortez Blvd. Brooksville, FL 34613	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated January 9, 2008



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

Alan S. Gassman, as Authorized Representative

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

Page 2 of 2

Filing Fee: \$25.00