

LO8000017209

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P.A.
Account Number : I20000000104
Phone : (941) 366-3700
Fax Number : (941) 366-0189

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARDIOVASCULAR DISEASE ASSESSMENT AND PREVENTION CEN**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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14 JAN -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN -2 AM 8:27

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cardiovascular Disease Assessment and Prevention Center, PLLC
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:

Donald J. Harrell

Name of Person

Burgess Harrell Mancuso Olson & Colton, PA

Firm/Company

1776 Ringling Blvd.

Address

Sarasota, FL 34236

City/State and Zip Code

mshahawy@cardiologycenter.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald J. Harrell, Esq.

Name of Person

at **(941) 366-3700**

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

Cardiovascular Disease Assessment and Prevention Center, PLLC

(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 02/18/2008 and assigned Florida document number L08000017209

This amendment is submitted to amend the following:

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

Cardiovascular Health Assessment Center, PLLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2014 JAN - 2 PM 04:27

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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			<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.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 2 2014

Donald J. Harrell

Signature of a member or authorized representative of a member

Donald J. Harrell, Esq., as authorized representative

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
WILMINGTON, DE

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