

08/11/2015 13:33

FAX

941-745-2093

BLALOCK WALTERS

08/11/2015

8/11/2015

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

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

Email Address: spanning@blacklock.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MEDISERV INFUSION, LLC

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AUG 12 2015

S MASON

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MEDISERV INFUSION, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA  
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The Articles of Organization for this Limited Liability Company were filed on 07/14/2008 and assigned  
Florida document number 108000067609

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5831 Bee Ridge Road

(Principal office address MUST BE A STREET ADDRESS)

Suite 210

Sarasota, FL 34233

Enter new mailing address, if applicable:

5831 Bee Ridge Road

(Mailing address MAY BE A POST OFFICE BOX)

Suite 210

Sarasota, FL 34233

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:

BLALOCK WALTERS, P.A.

New Registered Office Address:

802 11TH STREET WEST

*Enter Florida street address*

BRADENTON

*City*

, Florida 34205

*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*

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Davidson, Robert	1586 East Brooke Drive	<input type="checkbox"/> Add
		Sarasota, FL 34231	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Davidson, Richard	1222 Point Crisp Road	<input type="checkbox"/> Add
		Sarasota, FL 34242	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Hollingsworth, Craig	7610 Cove Terrace	<input type="checkbox"/> Add
		Sarasota, FL 34231	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bedt, Neil S.	3830 Bee Ridge Road Suite 301	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Blankenship, Thomas E.	3830 Bee Ridge Road Suite 301	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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