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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 : FLORIDA HEALTHLAW CENTER
Account Number : I20080000076
Phone : (954) 358-0155
Fax Number : (954) 358-1611

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AESTHETIC OSTEOPATHIC GROUP, LLC

Certificate of Status	0
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D. BRUCE
FEB 11 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aesthetic Osteopathic Group, 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:

Trisha Spiller
(Name of Person)

Florida Health Law Center, LLC
(Firm/Company)

3501 S. University Drive, Suite 10
(Address)

Davie, FL 33328
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Trisha Spiller at (954) 358-0155
(Name of Person) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aesthetic Osteopathic Group, 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 September 26, 2008 and assigned
Florida document number LQ8000091871

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."

Enter new principal offices address, if applicable:

8245 North Federal Highway

(Principal office address MUST BE A STREET ADDRESS)

Suite 300

Fort Lauderdale, FL 33308

Enter new mailing address, if applicable:

6245 North Federal Highway

(Mailing address MAY BE A POST OFFICE BOX)

Suite 300

Fort Lauderdale, FL 33308

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:

Christopher Harkins

New Registered Office Address:

6245 North Federal Highway, Suite 300

(Enter Florida street address)

Fort Lauderdale

(City)

Florida 33308

(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)

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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	Steven Cimarberg, DO	10063 Cleary Blvd Plantation, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Todd Zusmer, DO	7750 Nova Drive, Suite A4 Davie, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Thomas Hernandez, MD	7750 Nova Drive, Suite A4 Davie, FL 33324	<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

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

Dated February 10, 2009



Signature of a member or authorized representative of a member

CHRISTOPHER T. HARKINS, CFO and TREASURER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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