

# L08000110592

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000148424 3)))



H100001484243ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.**

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

**\*\*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  
LEWIS AUTO INJURY CARE OF OCALA, L.L.C.**

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

RECEIVED

10 JUN 25 AM 6:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

JUN 28 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 25 AM 6:02

H100001484243

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LEWIS AUTO INJURY CARE OF OCALA, 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 December 12, 2008 and assigned  
Florida document number L08000110592

This amendment is submitted to amend the following:

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

MEDICAL INJURY GROUP OF OCALA, L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"LLC."

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)

FILED  
JUN 25 4 00 PM '08  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H100001484243

H100001484243

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:

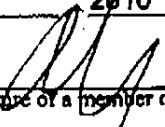
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
			<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

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

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

Dated June 24 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Alan S. Gassman, as Authorized Representative**  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 25 AM 8:08

H100001484243