

208000114806

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN 17 PM 3:01

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stuart Diagnostic Center, 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:

Carol Williams

Name of Person

Orion Medical Consultants, LLC

Firm/Company

32 Tradewinds Circle

Address

Tequesta, FL 33469

City/State and Zip Code

cwtradewinds@bellsouth.net

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2010 JUN 17 PM 3:01

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For further information concerning this matter, please call:

Carol Williams

Name of Person

at ( 561 )

575-9331

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**

**Stuart Diagnostic Center, 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 12/17/2008 and assigned  
Florida document number L08000114806.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2219 SE Ocean Blvd.  
Stuart, FL 34996

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2010 JUN 17 PM 3:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: Richard Russell

New Registered Office Address: 442 Savoie Dr.

*Enter Florida street address*

Palm Beach Gardens, Florida 33410  
*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

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>
<u>CEO</u>	<u>Carol Williams</u>	<u>32 Tradewinds Circle</u> <u>Tequesta, FL 33469</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CFO</u>	<u>Richard Russell</u>	<u>442 Savoie Dr.</u> <u>Palm Beach Gardens, FL 33410</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Pres.</u>	<u>William Sarcia</u>	<u>9927 SE Canary Palm Way</u> <u>Tequesta, FL 33469</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CEO</u>	<u>Jay Rosen</u>	<u>Jay G. Rosen</u> <u>6459 Dorsay Ct</u> <u>Delray Beach, FL 33484</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<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 11, 2010

Carol Williams  
 Signature of a member or authorized representative of a member

Carol Williams  
 Typed or printed name of signee

FILED  
 JUN 17 2010  
 REC-01