

LO8000114873

Florida Department of State
Division of Corporations
Public Access System

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.

(((H09000020276 3)))



H090000202763ABC-

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

FILED
09 JAN 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NEUROBRAIN DIAGNOSTIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

D. BRUCE

JAN-29 2009

Electronic Filing Menu

Corporate Filing Menu

Help
EXAMINER

RECEIVED

09 JAN 28 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H04000020276 3)))
COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NeuroBrain Diagnostic, 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)

FILED
09 JAN 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Trisha Spiller

(Name of Person)

at (954) 358-0155

(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

(((H09000020276 3)))

(((409000020276 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NeuroBrain Diagnostic, 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 December 16, 2008 and assigned
Florida document number L08000114813.

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)

3475 Sheridan Street, Suite 215E

Hollywood, Florida 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3475 Sheridan Street, Suite 215E

Hollywood, Florida 33021

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)

(((409000020276 3)))

FILED
09 JAN 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H09 0000 20276 3)))
 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>
MGRM	1513403 Ontario Ltd	810 Rowntree Dairy Road Vaughan, ON L4L5V-3 CA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	2125226 Ontario Inc	139 Arnold Avenue Thornhill, ON L4J1B2 CA	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 09 JAN 28 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated January 28, 2009.

Signature of a member or authorized representative of a member

Karen Schapira

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

(((H09 0000 20276 3)))