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Attorney General's Office

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

From: Account Name : CSII SERVICES, LLC
Account Number : I20070C00160
Phone : (800) 494-3124
Fax Number : (561) 455-9385

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PHYSICIANS CHOICE LABORATORY SERVICES LLC

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APR 16 2009

EXAMINER

09000089218.3

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

PHYSICIANS CHOICE LABORATORY SERVICES 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 01/07/2009 and assigned
Florida document number L09000002227

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)

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)

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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:

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MGR = Manager

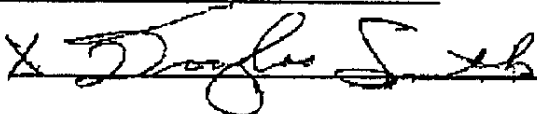
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MARCUS SOWINSKI	766 SE 5TH AVENUE DELRAY BEACH, FLORIDA 33483	<input checked="" 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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 13, 2009

X 

Douglas Smith

Typed or printed name of signee

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