

Division of Corporations

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L09000010709

**Florida Department of State
Division of Corporations
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MUA OF PALM COAST, PLLC

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EXAMINER

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUA OF PALM COAST, PLLC

(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:

Tony Burroughs

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs

(Name of Person)

at (323) 962-8600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MUA OF PALM COAST, PLLC

(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 02/02/2009 and assigned
Florida document number L09000010709.

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."

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)

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	Alfred L.M. D. Alson	21 HOSPITAL DRIVE, SUITE #220 PALM COAST FL 32164 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mussarat H.M. D. Siddiq	21 HOSPITAL DRIVE, SUITE #220 PALM COAST FL 32164 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brian C.M. D. Fordh	21 HOSPITAL DRIVE, SUITE #220 PALM COAST FL 32164 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alfred L. Alson, M. D.	21 HOSPITAL DRIVE, SUITE #220 PALM COAST FL 32164 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mussarat H. Siddiq, M.D.	21 HOSPITAL DRIVE, SUITE #220 PALM COAST FL 32164 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brian C. Fordham, M.D.	21 HOSPITAL DRIVE, SUITE #220 PALM COAST FL 32164 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

March 12, 2009

Brian Fordham, M.D.
Brian Fordham

Signature of a member or authorized representative of a member

Brian Fordham, Member

Type or printed name of signatory

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