

L09000017327

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

From: Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : 120030000037
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SOUTH FLORIDA PREMIERE CARDIOLOGY LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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C. LEWIS

APR -9 2009

EXAMINER

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

South Florida Premiere Cardiology, 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 2/20/2009 and assigned
Florida document number LD9 0000 17327

This amendment is submitted to amend the following:

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

South Florida Premiere Cardiology, LLC

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)

1201 South Andrews Avenue
Suite 200
Fort Lauderdale, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 East Las Olas Blvd
Suite 130-137
Fort Lauderdale, FL 33301

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:

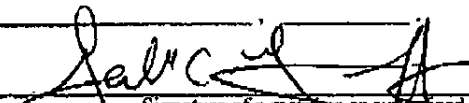
MGR = Manager

MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------|-----------------------------------|--|--|
| MGRM | Broward Multispecialty Group, LLC | 401 East Las Olas Blvd. Suite 130-137 Fort. Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Kenneth Zelnick, MD | 6201 South Andrews Avenue Suite 200 Fort. Lauderdale, FL 33316 | <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 |

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

Dated _____


 Signature of a member or authorized representative of a member
 Gabrielle Finley, COO
 Typed or printed name of signer

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