

LO9000018236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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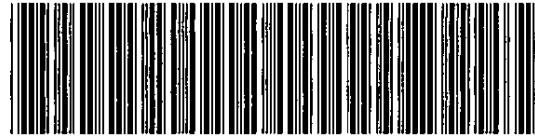
Special Instructions to Filing Officer:

**L. SELLERS**

AUG 18 2009

**EXAMINER**

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**FILED**  
09 AUG 14 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alliance Labs, 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:

Philip J. Braun  
Name of Person

Leesburg Regional Medical Center  
Firm/Company

600 East Dixie Ave  
Address

Leesburg, Florida 34748  
City/State and Zip Code

pbraune@alliance.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phil Braun at (352) 323-5924  
Name of Person 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

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION  
OF  
ALLIANCE LABS, LLC**

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The undersigned, being authorized to execute and file these Amended and Restated Articles of Organization of **ALLIANCE LABS, LLC** (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is **ALLIANCE LABS, LLC**.

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 1456 William Street, Leesburg, Florida 34748.

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Registered Agent:**

The name and address of the registered agent for service of process in the state shall be:

Phil Braun  
600 East Dixie Ave.  
Leesburg, Florida 34748

**ARTICLE V — Membership:**

The Company's membership shall be as set forth in the Company's Operating Agreement as amended from time to time.

**ARTICLE VI — Management:**

The Limited Liability Company will be a member-managed company.

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**09 AUG 14 AM 10:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**


**ARTICLE VII — Effective Date:**

The effective date of these Amended and Restated Articles of Organization shall be the date this Amendment was filed with the Department of State

\* \* \* \* \*


IN WITNESS WHEREOF, the undersigned has executed the foregoing Articles of Organization as of this 12 day of August, 2009.

**LEESBURG REGIONAL MEDICAL  
CENTER, INC.,** *a Florida not-for-profit  
corporation*

By:   
Name: Philip Brian V. Gerard  
Title: Authorized Representative

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Name: Phil Braun

Dated: August 12/1, 2009

**FILED**  
**09 AUG 14 AM 10:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**