

LD9000024994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

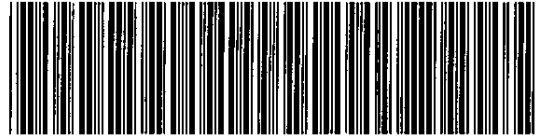
Special Instructions to Filing Officer:

**L. SELLERS**

MAY - 1 2009

**EXAMINER**

Office Use Only



200152687492

04/30/09--01016--012 \*\*25.00

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09 APR 30 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COREMEDY HOSPITALISTS 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:

GERALD W BEINHAUER JR

(Name of Person)

(Firm/Company)

PO BOX 3522

(Address)

SPRING HILL, FLORIDA 34611

(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD W BEINHAUER or MANDY TARKOWSKI at ( 352 ) 666-8089  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

COREMEDY HOSPITALISTS 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 03/13/2009 and assigned  
Florida document number L09000024994.

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:**

3039 LANDOVER DRIVE

**(Principal office address MUST BE A STREET ADDRESS)**

SPRING HILL, FLORIDA 34609

**Enter new mailing address, if applicable:**

PO BOX 3522

**(Mailing address MAY BE A POST OFFICE BOX)**

SPRING HILL, FLORIDA 34611

**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:

GERALD W BEINHAUER JR

New Registered Office Address:

7098 FORT KING ROAD

*(Enter Florida street address)*

ZEPHYRHILLS

*(City)*

, Florida 33549

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**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:

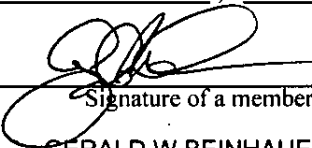
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GERALD W BEINHAUER JR	PO BOX 3522 SPRING HILL, FLORIDA 34611	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> <i>change</i>
MGRM	JULIO F MENENDEZ	PO BOX 3522 SPRING HILL, FLORIDA 34611	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> <i>change</i>
			<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 APRIL 27, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
GERALD W BEINHAUER JR  
\_\_\_\_\_  
Typed or printed name of signee

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