

LD9000026553

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Fax Number : (850) 617-6383

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MURALI P. SHANKAR MD AND ASSOCIATES, LLC

Certificate of Status	0
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D. BRUCE
MAR 26 2009
EXAMINER

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#3111 P.003 /005

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

Murali P. Shankar MD and Associates, 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 March 18, 2009 and assigned Florida document number LO9000026553.

This amendment is submitted to amend the following:

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

Dr. Murali P. Shankar MD, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8200 W. Sunrise Blvd.
Suite D-6
Plantation, FL 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 East Las Olas Blvd.
Suite 100-137
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:

Howard Mofsen

New Registered Office Address:

9728 W. Sample Road

(Enter Florida street address)

Coral Springs

(City)

Florida

33066

(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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P.3/3

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

Dated March 25 2009

Gabrielle Finley
Signature of a member or authorized representative of a member

Gabrielle Finley COO
Typed or printed name of signee

Page 2 of 2

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