

L09000077871

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 31 2010

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SOUTHWEST FLORIDA MEDICAL SOLUTIONS, 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:

KRISTEN J TOUHEY

Name of Person

SOUTHWEST FLORIDA MEDICAL SOLUTIONS, LLC

Firm/Company

3822 BROADWAY AVENUE SUITE A AND C

Address

FT MYERS FLORIDA 33901

City/State and Zip Code

WWW.MEDICALSOLUTIONS@LIVE.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KRISTEN J TOUHEY

Name of Person

at ( 239 )

274-3004

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

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

**SOUTHWEST FLORIDA MEDICAL SOLUTIONS, 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 AUGUST 12, 2009 and assigned  
Florida document number L09000077871.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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:**

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

9240 BONITA BEACH ROAD SUITE 2206

BONITA SPRINGS, FLORIDA 34135

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

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

3822 BROADWAY AVENUE

SUITES A AND C

FT. MYERS, FLORIDA 33901

**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

Title	Name	Address	Type of Action
mgmr	Elizabeth Perey	4061 Bonita Bch Rd Bonita Springs FL 34134	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgmr	Todd Lindgren	9040 Bonita Bch Rd Suite 2206 Bonita Springs FL 34135	<input checked="" type="checkbox"/> Add <input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10 AUG 30 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated AUGUST 23, 2010

Signature of a member or authorized representative of a member

KRISTEN J TOUHEY MGMR

Typed or printed name of signee