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SECRETARY OF STATE DIVISION OF CORPORATIONS:

T. HAMPTON

DEC 1 7 2009

EXAMINER

1, **COVER LETTER**

TO: Registration S Division of Co	ection rporations		·			
SUBJECT:	PR MEDIC	AL CENTER PLC				
		Name of Limited Liability Company				
	f Amendment and fee(s) are sub ondence concerning this matter	-				
		Name of Person				
		Firm/Company 10801 N 56TH ST Address				
	TAMPA FL 33617					
		City/State and Zip Code				
	E-mail address: (to be used for future annual repo	ort notification)			
For further information	concerning this matter, please o	call:				
	HALID SAKR	at (_727)				
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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAII	ING ADDRESS:	STREET/C	COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pt Pt	K MEDICAL	CENTER PLO			
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appea Liability Company)	rs on our records.)		•
The Articles of Organization for this Limited I Florida document number	• • •	y were filed on	08/19/2009	and assig	gned
This amendment is submitted to amend the fol	lowing:	٠			
A. If amending name, enter the new name	of the limited lial	bility company her	<u>re</u> :		
	N/A	4	•		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation "Ll	LC" or the ab	—— breviation
Enter new principal offices address, if appli	N/A			<u>V</u> SE	
(Principal office address MUST BE A STRE.			29	三 公	
				0	(1)
Enter new mailing address, if applicable:	N/A		5 AM =	CBREO CBRES	
(Mailing address MAY BE A POST OFFICE BOX)				(3)	AA
				~	NO.
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter th	ne name of	the new
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		En	ter Florida street addr	ess	_
			, 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** MGR Elshafey Abdallah-Ashour 4874 COQUINA KEY DR SE APT-B _ Add ST PETERSBURG FL 33705 Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member KHALID SAKR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00