

LD9 0000 82290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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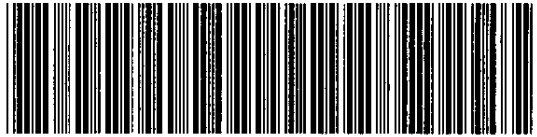
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 10 AM 10:04

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T. CLINE

SEP 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL EXAMS OF FLORIDA, 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:

SANFORD PINNA, M.D.

Name of Person

MEDICAL EXAMS OF FLORIDA, LLC

Firm/Company

4818 CHAROWEN DRIVE

Address

ORLANDO, FL, 32837

City/State and Zip Code

SARDINIA@POL.NET

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

For further information concerning this matter, please call:

SANFORD PINNA, M.D.

Name of Person

at (407)

856 8578

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

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2003 SEP 10 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MEDICAL EXAMS OF FLORIDA, 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 8/26/09 and assigned
Florida document number L 090000 82290

This amendment is submitted to amend the following:

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

MEDICAL EXAMS INTERNATIONAL, LLC

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)

4818 CHAROWEN DRIVE

ORLANDO, FL, 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4818 CHAROWEN DRIVE

ORLANDO, FL, 32837

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SANFORD PINNA, M.D.

New Registered Office Address: 4818 CHAROWEN DRIVE

Enter Florida street address

ORLANDO

Florida

32837

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 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.

[Signature]
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

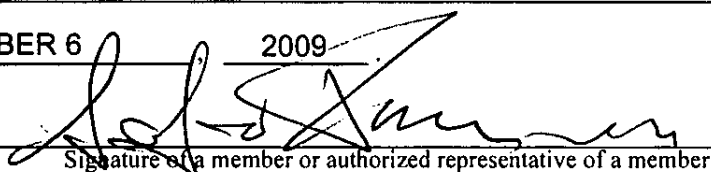
MGRM = Managing Member

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

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STATE
TREASURY
TALLAHASSEE, FLORIDA

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

Dated SEPTEMBER 6 2009


Signature of a member or authorized representative of a member

SANFORD PINNA, M.D.

Typed or printed name of signee