

**L09000100563**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

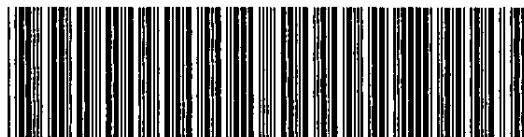
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
DEC 04 2012  
**EXAMINER**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EMERGENCY HEALTH RECORD, L.L.C.  
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:

VIC MAITLAND

Name of Person

Emergency Health Record, L.L.C.

Firm/Company

2761 N.E. 57th Court

Address

Fort Lauderdale FL 33308

City/State and Zip Code

ajgray2000@msn.com

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

For further information concerning this matter, please call:

Vic Maitland

Name of Person

at ( 954 ) 776-9505

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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TALLAHASSEE, FLORIDA

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

**EMERGENCY HEALTH RECORD**

(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 October 19, 2009 and assigned  
Florida document number L09000100563.

This amendment is submitted to amend the following:

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

Universal HealthCare Network, Limited Liability Company

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)

2761 NE 57th Court

Fort Lauderdale FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Universal HealthCare Network, L.L.C.

2761 NE 57th Court

Fort Lauderdale FL 33308

**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:

Angela J. Gray

New Registered Office Address:

2761 NE 57th Court

*Enter Florida street address*

Fort Lauderdale

Florida

FL 33308

*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

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

Manager:

Correct Spelling of last name: ANGELILLO, MICHAEL

Change address for three Managers to: 2761 NE 57th Court

Fort Lauderdale FL 33308

Dated November 28, 2012

V.V. (Vic) Maitland

Signature of a member or authorized representative of a member

VIC MAITLAND

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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