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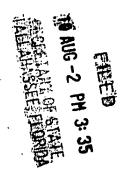
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S. HAWKES

AUG 3 - 2010

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT:	KIRKMAN MEDICAL CENTER, LLC	
Sommer,	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	SRINIVASAN PILLAI	
	Name of Person	
	KIRKMAN MEDICAL CENTER, LLC	
	Firm/Company	
	882 S KIRKMAN RD, SUITE 108 A	
	Address	
	ORLANDO, FL 32811	
.*	City/State and Zip Code	
	SPILLAI@KIRKMANMEDICALCENTER.COM  E-mail address: (to be used for future annual report notification)	
	·	
For further information co	oncerning this matter, please call:	
	VASAN PILLAI at ( 407 ) 298-4045	
Name of	f Person Area Code & Daytime Telephone Number	
Enclosed is a check for th	ne following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is erclosed)	

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

	KIRKMAN MEDIC	AL CENTER	LLC			
( <u>Na</u>	me of the Limited Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization f	or this Limited Liability Company	were filed on	11/02/2009	9 and assigned		
This amendment is submitted  A. If amending name, enter	to amend the following: the new name of the limited lial	Sility company he	re:			
				<b>元</b> 2	ì	
The new name must be distinguing	shable and end with the words "Lim	ited Liability Comp	any," the designation "I	LC the abusevia	<b>T</b> i	
Enter new principal offices a	ddress, if applicable:	882 S. KIRK	MAN RD, SUITE 1	108-48 ట్ల	_	
(Principal office address MU	ST BE A STREET ADDRESS)	ORLANDO,	FL 32811			
Enter new mailing address, i	••				-	
B. If amending the registe	ered agent and/or registered o new registered office address he		our records, enter t	the name of the no	- e <u>w</u>	
Name of New Regis	ered Agent:		· · · · · · · · · · · · · · · · · · ·		-	
New Registered Offi	ce Address:	E	nter Florida street ada	lress	-	
			, 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 Type of Action <u>Title</u> ' Name Address MGRM Kanakaraj P. Subramanian ☐ Add

✓ Remove 4943 Cains Wren Trail Sanford, FL 32771 Kanakaraj P. Subramanian Adviser. ✓ Add
☐ Remove 2512 Glenlawn Place Herndon, VA 20171 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated Signature of a member or authorized representative of a member SRINIVASAN PILLAI

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee