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. (Red	questor's Name)			
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EXAMINE

2010 HAY 24 AH ID: 08



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2010

ANDREW WARD 701 W. MLK JR BLVD. STE 4 TAMPA, FL 33603

SUBJECT: CARE POINT MEDICAL CENTER, LLC

Ref. Number: L09000114728

We have received your document for CARE POINT MEDICAL CENTER, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 910A000118229

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Care fourt Medicul Name of Limited Lie	Conter LLC ability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for	r filing.	
Please return all correspondence concerning this matter	r to the following:		
Andrée Nous de Name of Person Care Point Medical anter Firm/Company			
701 W. MCK Sr Blud. Ste Address	<u>- 4</u>	2010 HAY 24 SECRETARY	Special section of the section of th
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please of	call:	M D 08	
Andrew Word at (81	720 -		
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount	t :		

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

Care Point Medical	Conter LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L09000114728</u>	were filed on $\frac{12/2/2009}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	701 W. MLK Jr BUD.
(Principal office address MUST BE A STREET ADDRESS)	Suite 4 En B
	Tampa, FL 33603=
Enter new mailing address, if applicable:	101 W. MLK ST 919 VA.
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 3360355
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	w Ward
New Registered Office Address: 701 h	1. MLK St. Blvd. Ste. 4 Enter Florida street address
Tomp	a, Florida 336 03 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 1 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.

Page 1 of 2

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 = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Andrew Ward	701 W. MLKJr Bud. Sure 4 Tampa, FL 33603	Add Remove
			Add Remove
			Add Remove
			Add Remove
			20 Add Remove 24 I
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	TREMOVE CONTROL OF THE CONTROL OF TH
	/	Malla e.	
	Signature of a member	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00