

L10000018976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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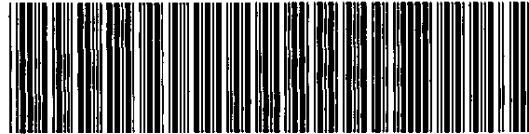
(Business Entity Name)

(Document Number)

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10 AUG 12 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 13 2010

EXAMINER



## Barrios-Balbin P.A.

Louis M. Barrios-Balbin  
Attorney at Law

201 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

Phone: 305.443.1923  
Fax: 305.443.1925  
barriosbalbinpa@att.net

August 4, 2010

**Via Federal Express**  
**8705 5934 7824**

Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

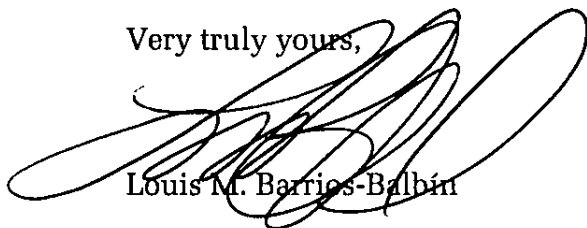
Re: Articles of Amendment to MedX Medical Management & Technologies, LLC  
Document No. L10000018976

Dear Madame or Sir:

Please be advised that the undersigned represents Medx Medical Management & Technologies, LLC. Enclosed, please find the Articles of Amendment for MedX Medical Management & Technologies, LLC. Also enclosed is a check in the amount of Thirty Dollars (\$30.00) and zero cents, which represents the filing fee and a certificate of status fee for this Amendment.

If you have any questions or comments, please do not hesitate to call me.

Very truly yours,



Louis M. Barrios-Balbin

LMBB/mo  
Enclosures

CC: Joseph Castranova  
GA\Clients\4080\MedX Manag\ltr.Divis.Corp.Amendment.wpd

FILED  
10 AUG 12 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

MedX Medical Management & Technologies, 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 February 19, 2010 and assigned Florida document number L10000018976.

This amendment is submitted to amend the following:

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

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)

8071 Noremac Avenue  
Miami Beach, Florida 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8071 Noremac Avenue  
Miami Beach, Florida 33141

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10 AUG 12 PM 3:01  
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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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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

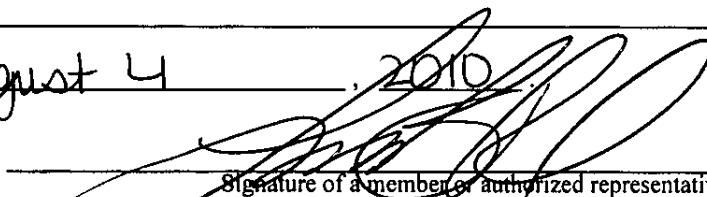
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph Castranova	8071 Noremac Avenue Miami Beach, Florida 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Adam Freiberg	8071 Noremac Avenue Miami Beach, Florida 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Physician's Billing and EMR Services, LLC	265 NE 24th Street Suite 202 Miami, Florida 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

August 4, 2010



Signature of a member or authorized representative of a member

Louis M. Barrios-Balbin, Esq.

Typed or printed name of signee

FILED  
10 AUG 12 PM 3:01  
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TALLAHASSEE, FLORIDA