

L10000040807

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
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RECEIVED
10 JUN -9 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDIC BILLS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
10 JUN -9 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 10 2010

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Medic Bills, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 15, 2010 and assigned
Florida document number L10000040807

This amendment is submitted to amend the following:

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

Medic Bills (FL), 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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

N/A

New Registered Office Address:

N/A

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

Title	Name	Address	Type of Action
MGRM	Ronald P. Hall		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gregory T. Hall		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Christine M. Masarik		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Anthony Bartholomew		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ronald P. Hall	P.O. Box 1027 35 West Sixth Street Dunkirk, NY 14048	<input checked="" 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.)

N/A

Dated

June 8

2010

Ronald P. Hall

Signature of a member or authorized representative of a member

Ronald P. Hall

Typed or printed name of signer

Page 2 of 2

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