

# L10000074352

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000216941 3)))



H110002169413ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR  
Account Number : 102233003533  
Phone : (614)227-1936  
Fax Number : (239)593-2990

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PREMIER MEDICAL INSTITUTE PL

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

RECEIVED

11 SEP -1 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP -1 AM 8:00

FILED

Electronic Filing Menu Corporate Filing Menu

T. HAMPTON

SEP - 8 2011

EXAMINER

Porter Wright Morris & Arthur LLP  
9132 Strada Place, Third Floor  
Naples, Florida 34108-2683  
Main Telephone #: 800-876-7962  
Main Facsimile #: 239-593-2990

## Facsimile Cover Sheet

SENDER'S FACSIMILE RECEIVING #: (239) 593-2990

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS  
RECEIVING THIS COMMUNICATION, PLEASE CALL 239-593-2990 IMMEDIATELY. THANK YOU.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL AND SUBJECT TO ATTORNEY CLIENT, WORK PRODUCT, OR  
OTHER LEGAL PRIVILEGE. THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS  
RECIPIENT. IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY  
DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

Date: September 1, 2011 User: 5516 Client Matter #: 4009388-181649

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 3

### PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:	CONFIRMATION #.
1. Florida Dept. of State	Division of Corporations	850-617-6383	

RE: **Premier Medical Institute PL\*\***

Fax Audit No.: **H110002169413**

Please file the following regarding the above limited liability company:

1. **\*\*Articles of Amendment to Articles of Organization.**

**\*\*PLEASE NOTE: This LLC already owns this name as a fictitious name.**

We are requesting a certificate of status and a certified copy of same.

Thank you.

From: Linda R. Minck, Esq. Telephone: (239) 593-2967

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

- ☐ ORDINARY MAIL ☐ OVERNIGHT DELIVERY SERVICE  
☐ MESSENGER ☒ THIS WILL BE THE ONLY FORM OF DELIVERY

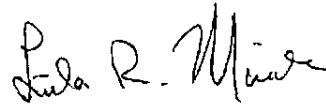
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
PREMIER MEDICAL INSTITUTE PL**

The undersigned, for the purpose of amending the Articles of Organization of **PREMIER MEDICAL INSTITUTE PL**, a Florida limited liability company, (the "Company") hereby makes, acknowledges, and files the following amendment to its Articles of Organization, pursuant to Section 608.411, Florida Statutes.

**FIRST:** The Articles of Organization of **PREMIER MEDICAL INSTITUTE LLC** were filed with the Florida Department of State on July 14, 2010, amended on August 2, 2010 and were assigned Document Number L10000074352.

**SECOND:** Article I of the Articles of Organization is hereby amended by changing the name of the Company to Gulf View Medical Institute PLLC.

Signed this 1<sup>st</sup> day of September, 2011.



---

Linda R. Minck, Authorized  
Representative of Member

**FILED**  
**11 SEP - 1 AM 8:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**