

Dec. 30, 2011 1:00 PM  
Division of Corporations

No. 2214 Page 2/5

**L10000103731**

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.**

(((H11000305523 3)))



H110003055233ABCU

**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 : RITTER, ZARETSKY & LIEBER, LLP  
Account Number : I20010000015  
Phone : (305) 372-0933  
Fax Number : (305) 704-8111

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

Email Address: olieber@r2llaw.com

RECEIVED  
DEC 30 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DOCTORS CHOICE ANCILLARY SERVICES, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

**J. BRYAN**

JAN - 8 2012

**EXAMINER**

12/30/2011

Dec. 30. 2011 1:02PM

No. 2214 P. 3/5,

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOCTORS CHOICE ANCILLARY SERVICES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OREN LIEBER, ESQ.

Name of Person

RITTER ZARETSKY & LIEBER LLP

Firm/Company

2915 BISCAYNE BLVD. SUITE 300

Address

MIAMI, FLORIDA 33127

City/State and Zip Code

OLIEBER@RZLLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OREN LIEBER, ESQ.

Name of Person

at ( 305 )

372-0933

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

FILED  
2011 DEC 30 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DOCTORS CHOICE ANCILLARY SERVICES, LLC

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

FILED  
2011 DEC 30 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/05/2010 and assigned  
Florida document number L10000103731.

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)

Enter new mailing address, if applicable:

(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:

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**

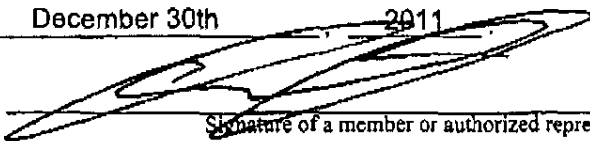
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VCDI, LLC	4430 PRAIRIE AVENUE MIAMI BEACH, FLORIDA 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SE INVESTMENTS, LLC	4430 PRAIRIE AVENUE MIAMI BEACH, FLORIDA 33140	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
2011 DEC 30 AM 8:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

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

Dated December 30th 2011



Signature of a member or authorized representative of a member

Oren Lieber, Authorized Representative

Typed or printed name of signer