

#L1000011388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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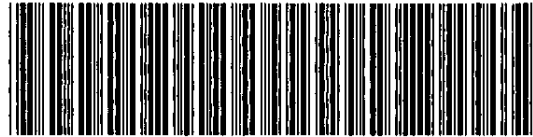
(Business Entity Name)

(Document Number)

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05/25/12--01026--008 \*\*25.00

FILED  
12 MAY 25 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY 30 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physicians Trust MSO, 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:

LARRY E. JONES  
Name of Person

Physicians Trust MSO  
Firm/Company

1101 N. LAKE DESTINY DRIVE  
STE. 300  
Address

MAITLAND, FL 32751  
City/State and Zip Code

Ljones1459@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY JONES  
Name of Person

at (407) 475 9213  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Physicians Trust MSO, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
12 MAY 25 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/26/2010 and assigned  
Florida document number L10000111388

This amendment is submitted to amend the following:

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

(no change)

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)

1101 N. LAKE DESTINY DR.  
Suite 300  
MAITLAND, FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1101 N. LAKE DESTINY DR.  
Suite 300  
MAITLAND, FL 32751

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:

DINA MCKENNA, ESQ.

New Registered Office Address:

1101 N. LAKE DESTINY DR. Ste 300  
Enter Florida street address  
MAITLAND, Florida 32751  
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.

Dina McKenna  
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>
<u>D</u>	<u>DINA MCKENNA</u>	<u>1101 N. LAKE DESTINY DR.</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 300</u>	<input type="checkbox"/> Remove
		<u>MAITLAND, FL 32751</u>	
			<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

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

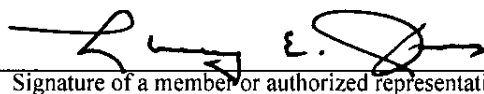
\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Dated MAY 22, 2012.



Signature of a member or authorized representative of a member

LARRY E. JONES

Typed or printed name of signee