

L 110000017249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

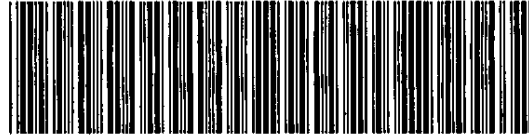
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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05/31/16--01006--006 **25.00

FILED
2016 MAY 31 PM 4:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/3



May 26, 2016

Florida Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Amendment of Authorize Persons to manage

Gentlemen,

Enclosed please find the application to amend the authorized person(s) to manage, and a check for \$25.00.

If you need additional information, please contact me via telephone at 352-799-0046 or email khayes@accesshealthcarellc.net

Thank you

A handwritten signature in black ink, appearing to read "K. Hayes", written over the printed name.

Karen P. Hayes

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Access Health Care Physicians, 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:

Karen P. Hayes, CFO

Name of Person

Access Management Co., LLC

Firm/Company

14690 Spring Hill Dr.

Address

Spring Hill, FL 34609

City/State and Zip Code

khayes@accesshealthcarllc.net

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

For further information concerning this matter, please call:

Karen P. Hayes

352 799-0046
at ()

Name of Person

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Access Healthcare Physicians, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2-9-11 and assigned
Florida document number 45-1444883 L 11000017249

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 contain 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 605, 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 appending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Access Management Co. LLC	14690 Spring Hill Dr, Spring Hill, TN	<input checked="" type="checkbox"/> Add
		HCA-Access Health Care Holdings	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
MAY 3 11 36 AM '09
CLERK OF DISTRICT COURT
JANUARY 3 2009

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 26, 2016

Signature of _____

Signature of a member or authorized representative of a member

Karen P. Hayes, CFO

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA