

L11 000019920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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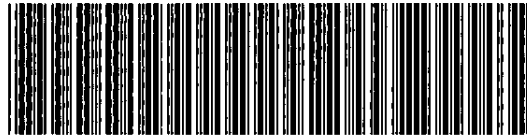
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**A. LUNT**

OCT 20 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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- RUSH -

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTH BRIDGES MEDICAL CENTER II  
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:

BROWN, ALEXANDRA  
Name of Person

Health Bridges Medical Center  
Firm/Company

4300 CLEVELAND AVE C3  
Address

FORT MYERS FL 33901  
City/State and Zip Code

HEALTH.BRIDGES@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ALEXANDRA BROWN at (239) 438 5330  
Name of Person 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

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

Health BRIDGES Medical Center II

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

The Articles of Organization for this Limited Liability Company were filed on 02/16/2011 and assigned  
Florida document number L11000019920

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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)

4300 CLEVELAND Ave Suite C3  
Fort Myers FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4300 CLEVELAND Ave Suite C3  
Fort Myers FL 33901

**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.

N/A

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	JOEL O. YING MD	4300 Cleveland Ave C3 FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LARRY D. JOHNSON DC	4380 Cleveland Ave C3 FORT MYERS, FL 33901	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

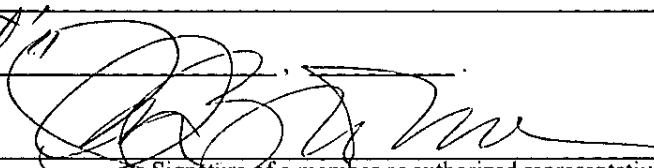
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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TALLAHASSEE, FLORIDA  
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Dated

12 Oct '11



Signature of a member or authorized representative of a member

ALEXANDRA BROWN, Registered Agent

Typed or printed name of signee

JOEL O. YING MD