

L11000021221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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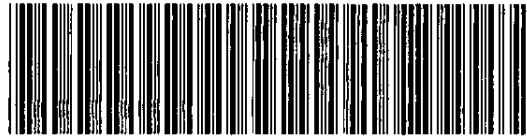
(Business Entity Name)

(Document Number)

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2011 APR 22 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

APR 25 2011

EXAMINER

**CELEBREX**  
(CELECOXIB CAPSULES)

## COVER LETTER

Original

Westlake Emergency Medical Associates & Consultants, LLC  
Company

ling.

Please return all correspondence concerning this matter to the following:

Judy Schroeder

Name of Person

Westlake Emergency Medical Associates & Consultants LLC

Firm/Company

9526 Argyle Forest Blvd. Suite B2 / #304

Address

Jacksonville, Florida 32222

City/State and Zip Code

aritucciesq@wemac.us.com

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

For further information concerning this matter, please call:

Alexandra Ritucci

Name of Person

at ( 407 )

489-0859

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**

**FILED**

2011 APR 22 AM 10:42

**Westlake Emergency Medical Associates & Consultants, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 18, 2011 and assigned Florida document number L11000021221.

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)**

9526 Argyle Forest Blvd.

Suite B2 / #304

Jacksonville, Florida 32222

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

9526 Argyle Forest Blvd.

Suite B2 / #304

Jacksonville, Florida 32222

**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:

Alexandra Ritucci

New Registered Office Address:

9526 Argyle Forest Blvd., Suite B2 / #304

*Enter Florida street address*

Jacksonville

*City*

, Florida

32222

*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:

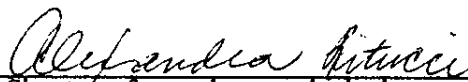
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	George Schroeder, MD	9526 Argyle Forest Blvd. Suite B2 / #304 Jacksonville, Florida 32222	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article 9 is hereby amended to add George Schroeder, MD as Operating  
Manager with a fifty-one percent (51%) ownership interest. Judy Schroeder is  
Vice-Operating Manager with a forty-nine percent (49%) ownership interest.

Dated April 20, 2011.



Signature of a member or authorized representative of a member

Alexandra Ritucci

Typed or printed name of signee

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