

L11000036374

Division of Corporations

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Florida Department of State
Division of Corporations
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L. SELLERS

APR 20 2011

To: Division of Corporations
Fax Number : (850) 617-6383

EXAMINER

From: Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUBSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4001

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

Email Address: primepicas@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRIME VASCULAR ACCESS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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TALLAHASSEE, FLORIDA

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ANNE.SALLEE@RUDEN.COM

March 30, 2011

Florida Division of Corporations
Department of State
Corporate Filings
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Sent via Facsimile

RE: Prime Vascular Access, LLC
Document number L11000036374

Please find attached and Amendment to the above referenced entity.

The Amendment is filed to correct the legal name of the Managing Member from 'Thomas E. Price' to 'Tommy Price'.

If there are any questions, I can be reached at the contact listed above.

Best regards,

A handwritten signature in cursive script, appearing to read "Anne E. Sallee".

Anne E. Sallee
Corporate Paralegal

ARS/
enclosures

H110000 83561 3

- amended -
**ARTICLES OF ORGANIZATION
OF
PRIME VASCULAR ACCESS, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the Limited Liability Company is: **PRIME VASCULAR ACCESS, LLC** (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing address for the Company is: 4427 Snapper Drive, Sebring, Florida 33870.
3. **REGISTERED AGENT.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Tommy Price, at 4427 Snapper Drive, Sebring, Florida 33870.

The undersigned has executed these Articles of Organization on the 25 day of March, 2011.

By Tommy Price
Tommy Price, Authorized Representative

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CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: PRIME VASCULAR ACCESS, LLC.
- 2. The name and address of the registered agent and office is:

Tommy Price
4427 Snapper Drive
Sebring, Florida 33870

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tommy Price
Tommy Price, Registered Agent

3-25-2011
Date