

Division of Corporations

L110000SSS14

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000143784 3)))



H110001437843ABC5

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To:

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

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

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

Email Address: lmccool@blalockwalters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXCELL ORTHOPEDICS, LLC

Certificate of Status	1
Certified Copy	1
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11 JUN -2 AM 10:07

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June 2, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLALOCK, WALTERS

SUBJECT: EXCELL ORTHOPEDICS, P.L.
REF: W11000030050

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H11000143784
Letter Number: 411A00013477

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Fax Audit File #(((H11000143784 3)))

ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF

EXCELL ORTHOPEDICS, LLC

(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 May 11, 2011 and assigned
 Florida document number L11000055514

This amendment is submitted to amend the following:

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

EXCELL ORTHOPEDICS, P.L.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." This professional limited liability company is organized for the purpose of rendering professional medical services by licensed physicians.
 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 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

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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

Title	Name	Address	Type of Action
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated June 1st, 2011


 Signature of a member or authorized representative of a member

Paul Duck, Manager
 Typed or printed name of signer

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Filing Fee: \$25.00

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