L11000056962

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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

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Date: 08/28/2015	Account #: 120000000088
Name: Michelle Walker	
Reference #: T1101	
ENTITY NAME: COMPREHENSIVE HOSPITALISTS OF FLORIDA, LLC	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other: CERTIFIED COPY AND GOOD STANDING	
Authorized Amount: \$60	
Signature: Michelle Walker	

COVER LETTER

	gistration Section vision of Corpo				
CUD IECT		ty Hospitalists, LLC			
SUBJECT		Name of Limit	ed Liability Company		_
The enclose	ed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please retur	n all corresponde	ence concerning this matter to	o the following:		
		Frank Springer			
			Name of Person		
		Hospital Physician Partners			
			Firm/Company		
		300 S. Park Road, Suite 400)		
			Address		
		Hollywood, FL 33021			
			City/State and Zip Code		
	-	legal@hppartners.com	o be used for future annual r	report notification)	
For further	information cond	cerning this matter, please ca		eport notification)	
Frank Sprin			954 at ()	1-416-2528 or 954-981 Daytime Telephone N	-6383
	Name of Pe	erson	at () Area Code	Daytime Telephone N	umber
Enclosed is	a check for the f	ollowing amount:			
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Cer	00 Filing Fee, rtificate of Status & rtified Copy litional 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**

Brevard County Hospitalists, LLC				
(Name of the Limited Li (A Fl	ability Compar orida Limited L	iy as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Liabili	ty Company	were filed on $\frac{05/13/2}{2}$	2011	and assigned
Florida document number L11000056962	·			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabi	lity company here:		
Comprehensive Hospitalists of Florida, LLC				
The new name must be distinguishable and contain the words	Limited Liabili	ty Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	:			
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or re			r records, enter	the name of the nev
registered agent and/or the new registered office	address here	:		
Name of New Registered Agent:	•			-
New Registered Office Address:				
		Enter Florida s	treet address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered ag	ent and agre	e to act in this capa	acity. I further agi	ree to comply with the
provisions of all statutes relative to the proper an	_	-		
accept the obligations of my position as registere				
being filed to merely reflect a change in the regis		address, I hereby co	onfirm that the lin	
company has been notified in writing of this chan	ige.		577 (54) 336 570	CA CANADA
			112 f 1 172 f 1	CTO PROGRAM
			영황	22
	If Chan	ging Registered Agent,		gistered Agent
			-n-G	
	Page 1	of 3	<u> </u>	== 0
			Out.	1 0

MGR = N AMBR = A	Ianager Authorized Member		
<u> Citle</u>	<u>Name</u>	Address	Type of Action
			Add
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If amending any other information, e	enter change(s) here: (A	uacn aaamonai sneeis,	ij necessary.)	
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Effective date, if other than the date of an effective date is listed, the date must be spective. If the date inserted in this block does locument's effective date on the Department.	es not meet the applicable sent of State's records.	tatutory filing requiremen	nts, this date will	not be listed
e record specifies a delayed effec The 90th day after the record is	tive date, but not an filed.	effective time, at 12	2:01 a.m. on	the earlier
ated August 28	, 2015			
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For Member: EDCare Manager	Typed or printed nam	e of signee	STATE ORID	
			즐글 ㅇ	

Filing Fee: \$25.00