

U100057673

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(Business Entity Name)

(Document Number)

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07/22/16--01027--003 **\$5.00

07/22/16--01027--004 **\$25.00

JUL 25 2016

S. YOUNG

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CT

July 22, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 10097753 SO
Customer Reference 1: 163140-10
Customer Reference 2: n/a

Dear Department of State, Florida :

Please obtain the following:

The Compass Clinic, LLC (FL)
Amendment
Florida

*W/ Certified Copy and
good standing certificate*

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE COMPASS CLINIC, LLC

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:

Maureen Marchek, CPA

Name of Person

Bioclinica, Inc.

Firm/Company

2005 S. Easton Road, Suite 304

Address

Doylestown, PA 18901

City/State and Zip Code

Maureen.marchek@bioclinica.com

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

For further information concerning this matter, please call:

Maureen Marchek, CPA

at (267) 757-3050

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

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

THE COMPASS CLINIC, 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 16, 2011 and assigned
Florida document number H11000133024 3

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 contain 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)

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Craig T. Curtis, M.D.	100 W. Gore Street, Suite 202	<input type="checkbox"/> Add
		Orlando, FL 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sean P. Stanton	100 W. Gore Street, Suite 202	<input type="checkbox"/> Add
		Orlando, FL 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Hubbard	BioClinica, Inc.	<input checked="" type="checkbox"/> Add
		2005 S. Easton Road, Suite 304	<input type="checkbox"/> Remove
		Doylestown, PA 18901	<input type="checkbox"/> Change
MGR	David Peters	BioClinica, Inc.	<input checked="" type="checkbox"/> Add
		2005 S. Easton Road, Suite 304	<input type="checkbox"/> Remove
		Doylestown, PA 18901	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 22, 2016

~~Signature of a member or authorized representative of a member~~

David Peters

Typed or printed name of signee