

May 24, 2011 3:54PM

Jones Foster

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000138904 3)))



H110001389043ABC.

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To:

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

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561) 650-0471  
Fax Number : (561) 650-0431

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TREASURE COAST MEDICAL HOLDINGS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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MAY 25 2011

EXAMINER

May. 24. 2011 3:54PM Jones, Foster

No. 0186 P. 2  
H11000138904 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Treasure Coast Medical Holdings, 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:

Ashley Velez

Name of Person

Jones, Foster, Johnston & Stubbs, P.A.

Firm/Company

801 Maplewood Drive, Suite 22-A

Address

Jupiter, FL 33458

City/State and Zip Code

fugaweem@aol.com

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

For further information concerning this matter, please call:

Carlos J. Berrocal

Name of Person

at ( 561 ) 650-8225

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**

**H11000138904 3**

Treasure Coast Medical Holdings, 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 5/19/2011 and assigned  
Florida document number L11000059198.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
MAY 24 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

City, Florida 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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No. 0186 P. 4

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:

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MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|---------------------|---|--|
| MGRM         | Michael J. Adelberg | 2189 Driftwood Circle<br>Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | J. Michael Adelberg | 2189 Driftwood Circle<br>Palm Beach Gardens, FL 33410 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 24, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Carlos J. Berrocal

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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