

L110000100854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

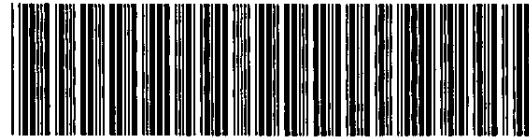
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG 15 2012
L. SELLERS

Office Use Only



900238370099

08/13/12--01019--023 **55.00

FILED
12 AUG 13 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MEDI+FAST URGENT CARE, 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:

FRANK CICALLELLI, CPA

Name of Person

IVES & SULTAN, LLP

Firm/Company

100 CROSSWAYS PK DR. W., STE. 206

Address

WOODBURY, NY 11797

City/State and Zip Code

MAZINSHIKARA@YAHOO.COM

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

For further information concerning this matter, please call:

FRANK CICALLELLI, CPA

Name of Person

at (516)

496-9500

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

MEDI+FAST URGENT CARE, 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 SEPTEMBER 2, 2011 and assigned Florida document number L11000100859.

This amendment is submitted to amend the following:

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

CONCEPT IMAGING, LLC.

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)

601 UNIVERSITY BLVD

SUITE 206

JUPITER, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 69

JUPITER, FL 33468

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:

MAZIN SHIKARA, MD

New Registered Office Address:

601 UNIVERSITY BLVD. STE 206

Enter Florida street address

JUPITER

City

Florida

33458

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAZIN SHIKARA MD	601 UNIVERSITY BLVD. SUITE 206 JUPITER, FL 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MEDICAL CONSULTANTS OF PALM BEACH, LLC	601 UNIVERSITY BLVD. SUITE 206 JUPITER, FL 33468-0069	<input type="checkbox"/> Add <input checked="" 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 7/23/2012

[Signature]

Signature of a member or authorized representative of a member

MAZIN SHIKARA, MD

Typed or printed name of signee

FILED
12 AUG 13 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA