

**L110000135832**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARING)  
Account Number : 071005001001  
Phone : (727) 441-8966  
Fax Number : (727) 442-8470

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

Email Address: flarclw@macfar.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MPMS MEDICAL SERVICES, LLC

*M/C*

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$30.00 |

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J. SAULSBERRY  
EXAMINER

DEC 5 2012

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MPMS MEDICAL SERVICES, 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:

**J. MATTHEW MARQUARDT**

Name of Person

**Macfarlane Ferguson & McMullen**

Firm/Company

**625 Court Street, Suite 200**

Address

**Clearwater, FL 33756**

City/State and Zip Code

**flarclw@macfar.com**

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

For further information concerning this matter, please call:

**J. MATTHEW MARQUARDT** at **727 441-8966**

Name of Person

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

MPMS MEDICAL SERVICES, 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 12/1/2011 and assigned Florida document number L11000135832.

This amendment is submitted to amend the following:

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

MPM CARDIOLOGY SERVICES, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

J. MATTHEW MARQUARDT

New Registered Office Address:

625 COURT STREET, SUITE 200

*Enter Florida street address*

CLEARWATER

*City*

Florida 33756

*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.*

*J. Matthew Marquardt*  
**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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |

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

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Dated DECEMBER 4, 2012

*J. Matthew Marquardt*, Authorized Representative  
Signature of a member or authorized representative of a member  
J. MATTHEW MARQUARDT  
Typed or printed name of signer

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Filing Fee: \$25.00

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