Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000045870 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOLEY & LARDNER OF TAMPA

Account Number : 071344001620 : (813)229-2300

Fax Number : (813)221-4210

\*\*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 SUPERIOR HEALTH NETWORK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

J. SAULSBERRY **EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help FEB 22 2012



ATTORNEYS AT LAW 100 NORTH TAMPA STREET, SUITE 2700 TAMPA, FLORIDA 33602-5810 P.O. BOX 3391 TAMPA, FLORIDA 33601-3391 TELEPHONE: 813.229.2300 FACSIMILE: 813.221.4210 WWW.FOLEY.COM

## FACSIMILE TRANSMISSION

## Total # of Pages (Excluding Cover) 3

To:	8506176383	
From:	rmacejr@foley.com	
Date:	2/21/2012	

**Delivery Details:** 

CONFIDENTIALITY NOTICE. THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OF ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OF COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERIOR HEALTI	H NETWORK, LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records. Liability Company)	)	
The Articles of Organization for this Limited Liability Company Florida document numberL12000011159	were filed onJanuary 24, 20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designatio	n "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	12900 Cortez Boulevard	2012 TALL	
(Principal office address MUST BE A STREET ADDRESS)	Suite 204	ARREST BOOK	
	Brooksville, FL 34613	A	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	12900 Cortez Boulevard Suite 204	I AM 8: EE.F. OF	
instant murely in the both of the both	Brooksville, FL 34613	<u> </u>	
B. If amending the registered agent and/or registered off 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 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>	Address	Type of Action
MGRM	Azzam Muftah MD	12900 Cortez Boulevard Suite 203 Brooksville, FL 34613	Add Z Remove
MGRM	Medhat Allam Reheem MD	12900 Cortez Boulevard Suite 204 Brooksville, FL 34613	✓ Add ☐ Remove
			Add Remove
	*100,100,000		Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	UIZF CLA
·			FILED  EB21 AM 8: 34  ETARY OF STATE A  HASSEE FLORIDA
Dated	CAPC	112 .	
•	-	of authorized representative of a member	
-	Curt P. Creety Typed	r, Authorized Representative or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00