

L1200000284/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

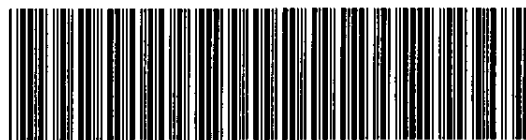
Special Instructions to Filing Officer:

A. LUNT

APR 10 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR -9 PM 2:39

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Law Offices
of
N. MICHAEL KOUSKOUTIS, P.A.

March 28, 2012

N. Michael Kouskoutis
Attorney at Law

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

623 East Tarpon Avenue
Tarpon Springs, FL 34689
Ph: 727-942-3631
Fax: 727-937-5453

Re: Seven Springs Blvd Medical Center LLC
Document No. L12000028413

Dear Ladies/Gentlemen:

I enclose herewith a check in the amount of \$25.00 to file the Articles of Amendment to Articles of Organization prepared to change the address to 432 Whitcomb Blvd., Tarpon Springs, Florida.

If you have any questions or concerns, do not hesitate to contact this office. Thank you for your attention to this matter.

Sincerely,

N. MICHAEL KOUSKOUTIS, P.A.

By: 

Joni L. Buscema, Legal Assistant to
N. Michael Kouskoutis, Esquire
Enclosures: As referenced above

FILED
MAR - 9 2012
TAR-SPR
CLERK OF CIRCUIT COURT
JONI L. BUSCEMA

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: SEVEN SPRINGS BLVD MEDICAL CENTER 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:

N. Michael Kouskoutis, Esquire

Name of Person

N. Michael Kouskoutis, P.A.

Firm/Company

623 E. Tarpon Avenue

Address

Tarpon Springs, FL 34689

City/State and Zip Code

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

For further information concerning this matter, please call:

Joni - N. Michael Kouskoutis, P.A.

Name of Person

at (727) 942-3631

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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2012 APR -9 PM 2:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

SEVEN SPRINGS BLVD MEDICAL CENTER 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 02/28/2012 and assigned
Florida document number L12000028413.

This amendment is submitted to amend the following:

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

n/a

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)

432 Whitcomb Blvd

Tarpon Springs, FL 34689

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

432 Whitcomb Blvd.

Tarpon Springs, FL 34689

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:

432 Whitcomb Blvd.

Enter Florida street address

Tarpon Springs

, Florida

34689

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

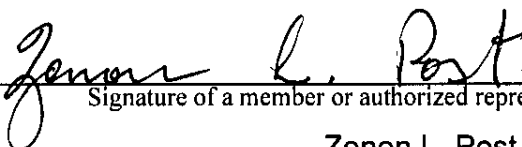
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--|---|
| mgr | Post, Zenon L. | 432 Whitcomb Blvd. Tarpon Springs, FL 34689 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| mgr | Post, Georgia | 432 Whitcomb Blvd. Tarpon Springs, FL 34689 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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2012 APR -9 PM 3:09
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

entered above only to change their address

Dated April 4, 2012.



 Signature of a member or authorized representative of a member
 Zenon L. Post

 Typed or printed name of signee