

L/20000455/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

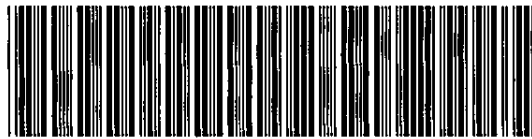
Special Instructions to Filing Officer:

**A. LUNT**

NOV 29 2012

**EXAMINER**

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12 NOV 28 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2012 NOV 28 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

FILED

2012 NOV 28 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 435944 7698889

AUTHORIZATION :

COST LIMIT : \$ 25,000

ORDER DATE : November 28, 2012

ORDER TIME : 1:02 PM

ORDER NO. : 435944-005

CUSTOMER NO: 7698889

DOMESTIC AMENDMENT FILING

NAME: MPG HEALTH PARKWAY, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MPG Health Parkway, LLC

(Name of Limited Liability Company)

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2012 FEB 28 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Newkirk

(Name of Person)

TEM, LLC

(Firm/Company)

5292 Summerlin Commons Way Suite 1103

(Address)

Fort Myers, Florida 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Newkirk

(Name of Person)

at ( 239 ) 936-1904

(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2012 MAR 28 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPG Health Parkway, 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 4-2-2012 and assigned  
Florida document number L12000045512.

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 "LLC."

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)

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:

Daniel E Dosoretz

New Registered Office Address:

5292 Summerlin Commons Way Suite 1103

(Enter Florida street address)

Fort Myers

(City)

, Florida 33907

(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

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SECRETARY OF STATE  
ALLAHBACH, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Daniel E Dosoretz	13221 Ponderosa Way Fort Myers, Florida 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brian Fox	13221 Ponderosa Way Fort Myers, Florida 33907	<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 November 28, 2012

Signature of a member or authorized representative of a member

Daniel E Dosoretz, Registered Agent and Managing Member

Typed or printed name of signee