

L12000045512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I200000000195

REFERENCE : 229129 7698889

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : July 24, 2014

ORDER TIME : 4:07 PM

ORDER NO. : 229129-005

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: Courtney Williams -- EXT# 62925

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MPG Health Parkway, 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:

Cathy Newkirk

Name of Person

TEM, LLC

Firm/Company

6321 Daniels Parkway Suite 200

Address

Fort Myers, Florida 33912

City/State and Zip Code

cathy@theriacenterprises.com

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

For further information concerning this matter, please call:

Cathy Newkirk

239 936-1904
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input 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

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

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 "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)

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: Cathy Newkirk

New Registered Office Address: 6321 Daniels Parkway, Suite 200
Enter Florida street address

Fort Myers, Florida 33912
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 605, 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.

Cathy Newkirk
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

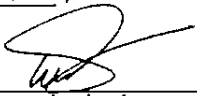
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Daniel E Dosoretz	13221 Ponderosa Way	<input type="checkbox"/> Add
		Fort Myers, FL. 33907	<input checked="" type="checkbox"/> Remove
MGRM	Brian Fox	13221 Ponderosa Way	<input type="checkbox"/> Add
		Fort Myers, FL. 33907	<input checked="" type="checkbox"/> Remove
MGR	Brian Fox	6321 Daniels Parkway Suite 200	<input checked="" type="checkbox"/> Add
		Fort Myers, FL. 33912	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 7/24, 2014.



Signature of a member or authorized representative of a member

Daniel E. Dosoretz Managing Member

Typed or printed name of signee

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Filing Fee: \$25.00

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