

L12000051807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

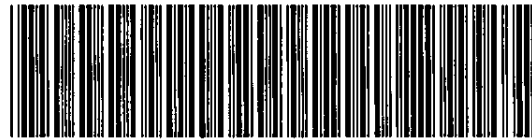
(Business Entity Name)

(Document Number)

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13 APR -4 PM 02:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 5 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Premiermd Primary Care Associates, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Brian Polner

Name of Person

Premiermd Primary Care Associates, LLC

Firm/Company

2905 N. Commerce Parkway

Address

Miramar, FL 33025

City/State and Zip Code

Ssilverman@mitral.com

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

For further information concerning this matter, please call:

Steven Silverman

Name of Person

at (**954**) **557-7614**

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
13 APR -6 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Premiermd Primary Care Associates, 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 April 16, 2012 and assigned Florida document number L12000051807.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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.

[Signature]
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>
MGRM	Fl. Inst. for Cardiovascular Care, PA	2905 N. Commerce Parkway	<input checked="" type="checkbox"/> Add
		Miramar, FL 33025	<input type="checkbox"/> Remove
MGRM	Brian Polner	2905 N. Commerce Parkway	<input type="checkbox"/> Add
		Miramar, FL 33025	<input checked="" type="checkbox"/> Remove
MGRM	Wilfred Mckenzie	1625 SE Third Avenue	<input type="checkbox"/> Add
		Suite 400	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33316	
MGRM	Paul Preste	3075 E Commercial Blvd.	<input type="checkbox"/> Add
		Suite 1A	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33308-4318	
MGRM	Antonio Wong	501 NW 179 Avenue	<input type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Remove
MGRM	Victor Toledano	3465 Galt Ocean Drive	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33308	

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>
MGRM	Alan Graff	3061 E. Commercial Blvd.	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Remove
MGRM	Scott A. Silverstein	729 E. Atlantic Blvd.	<input type="checkbox"/> Add
		Pompano Beach, FL 33060	<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 _____,

Signature of a member or authorized representative of a member

Brian Polner

Typed or printed name of signee

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Filing Fee: \$25.00