

L12000051807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

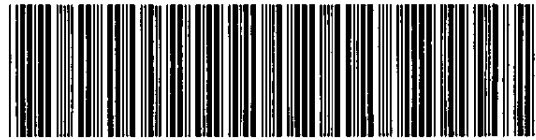
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
name conflict

Office Use Only



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07/15/15--01003--003 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 JUL 15 AM 9:59
TO AGENCY OF
SUFFICIENCY OF FILING

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2015 JUL 15 A 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2015

CORPORATE ACCESS, INC.

SUBJECT: PREMIERMD PRIMARY CARE ASSOCIATES, LLC
Ref. Number: L12000051807

We have received your document for PREMIERMD PRIMARY CARE ASSOCIATES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000098549 HEALTHSTONE MEDICAL GROUP, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

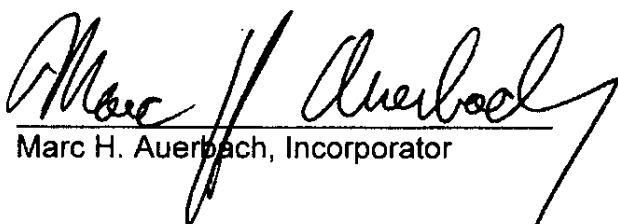
Letter Number: 115A00014912

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TALLAHASSEE, FLORIDA

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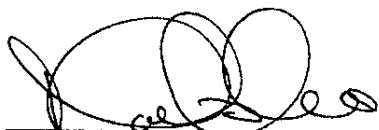
I, Marc H. Auerbach, as sole incorporator of HealthStone Medical Group, LLC, Document Number L15000098549, relinquish all rights to the above-referenced limited liability company. I also authorize such name to be used in Articles of Amendment to Articles of Organization for PremierMD Primary Care Associates, LLC, a Florida limited liability company.



Marc H. Auerbach, Incorporator

STATE OF FLORIDA)
)SS
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 16th day of July, 2015, by Marc H. Auerbach, as sole incorporator of HealthStone Medical Group, LLC. He () is personally known to me or () has produced _____ as identification.



Notary Public, State of Florida
Print Name: Martha Romero



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TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 7/14

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** AMEND. LLC

1. **PremierMD Primary Care Associates, LLC**

(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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

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 04/16/2012 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:

HealthStone Medical Group, LLC

The new name must be distinguishable and contain 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:

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TREASURY OF FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change

2018 JUL 15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 9:28 AM

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

Lined area for amending information.

E. Effective date, if other than the date of filing: 07/01/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 1, 2015

Signature of a member or authorized representative of a member

Brian Polner, M.D., Manager

Typed or printed name of signee

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SECRETARY OF STATE
W. LAHAY STEFFLORIDA

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