

08/13/2012 13:22 FAX

001

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SQUIRE SANDERS & DEMPSEY
Account Number : I20020000175
Phone : (813) 202-1300
Fax Number : (813) 202-1313

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Judith.Hall@squiresanders.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MSMC INTERVENTIONAL, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MSMC INTERVENTIONAL, 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 August 9, 2012 and assigned
Florida document number L12000102603.

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."

ONLY CORRECTING ADDRESS

Enter new principal offices address, if applicable:

4300 Alton Road(Principal office address **MUST BE A STREET ADDRESS**)Warner Building Fifth FloorMiami Beach, FL 33140

Enter new mailing address, if applicable:

4300 Alton Road(Mailing address **MAY BE A POST OFFICE BOX**)Warner Building Fifth FloorMiami Beach, FL 33140B. 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: _____

Corrected

New Registered Office Address: _____

4300 Alton Road, Administration*Enter Florida street address*Miami BeachFlorida33140*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

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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

Title	Name	Address	Type of Action
MGRM	Mount Sinai Medical Center of Florida, Inc.	4300 Alton Road Werner Building Fifth Floor Miami Beach, FL 33140	X Correcting Address <input type="checkbox"/> Add only <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
			<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

Steven D. Sonnenreich, CEO

Typed or printed name of signee

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