

L12000159036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

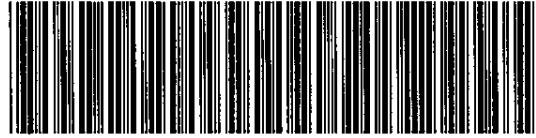
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 22 2013  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDIGROUP 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:

**BRIAN LEE**

Name of Person

**MEDIGROUP LLC**

Firm/Company

**PO BOX 6886**

Address

**SPRING HILL, FL 34611-6886**

City/State and Zip Code

**BRIANSEAN@ALUMNI.UFL.EDU**

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

For further information concerning this matter, please call:

**BRIAN LEE**

Name of Person

**352 587-2815**

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

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OFFICE OF THE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

MEDIGROUP 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 12 / 20 / 2012 and assigned Florida document number L12000159036.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PRACTICE SOLUTIONS LLC

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)*

ONE GLENLAKE PARKWAY  
ATLANTA, GA 30328-3450

**Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

ONE GLENLAKE PARKWAY  
ATLANTA, GA 30328-3450

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TALLAHASSEE FLORIDA

**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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MEDIGROUP CO., LTD.	88/F, INTERNATIONAL COMMERCE CENTRE	<input type="checkbox"/> Add
		1 AUSTIN ROAD WEST, KOWLOON	<input checked="" type="checkbox"/> Remove
		HONG KONG	
MGR	LEE, BRIAN S.	42 N. BEVERLY PARK CIRCLE	<input type="checkbox"/> Add
		BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> Remove
MGRM	FLORIDA PHYSICIANS SERVICE	1875 PENNSYLVANIA AVE, NW	<input checked="" type="checkbox"/> Add
		WASHINGTON, DC 20006-3642	<input type="checkbox"/> Remove
MGR	MEDIGROUP MANAGEMENT LP	150 CALIFORNIA ST, 15TH FLOOR	<input type="checkbox"/> Add
		SAN FRANCISCO, CA 94111-4500	<input type="checkbox"/> Remove
MGR	LEE, BRIAN SEAN	2380 OLD GATE LANE	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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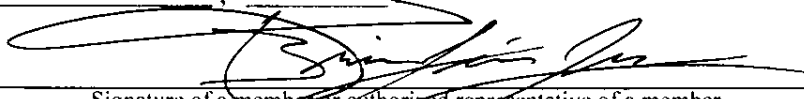
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Dated OCTOBER 18, 2013



Signature of a member or authorized representative of a member

**BRIAN S. LEE**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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