

L13000011312

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000221474 3)))



H130002214743ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KNOTT, EBELINI, HART & HAAK, P.A.  
Account Number : 072100000455  
Phone : (239) 334-2722  
Fax Number : (239) 334-1446

RECEIVED

13 OCT -4 AM 8:00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDAFLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT -4 AM 7:22

FILED

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PREMIER HOSPITALISTS OF SOUTHWEST FLORIDA LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

OCT - 7 2013

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

(((H13000221474 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Premier Hospitalists of Southwest Florida 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:

George H. Knott, Esq.

Name of Person

Knott Ebelini Hart

Firm/Company

1625 Hendry Street, Suite 301

Address

Fort Myers, FL 33901

City/State and Zip Code

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

For further information concerning this matter, please call:

George H. Knott

Name of Person

at 239 334-2722

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

(((H13000221474 3)))

RECEIVED  
TALLAHASSEE, FL 32301  
OCT 14 2013

2013 OCT -4 AM 7:22

FILED

**ARTICLES OF AMENDMENT      (((H13000221474 3)))**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

Premier Hospitalists of Southwest Florida 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 January 23, 2013 and assigned  
Florida document number L13000011312.

This amendment is submitted to amend the following:

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

Premier Hospitalists of Southwest Florida, P.L.

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.*

If Changing Registered Agent, Signature of New Registered Agent

(((H13000221474 3)))

FILED

2013 OCT -4 PM 7:22  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE STATE OF FLORIDA

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: (((H13000221474 3)))

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
			<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

FILED  
 2013 OCT 4 AM 7:22  
 FALL RIVER, MASS  
 U.S. DISTRICT COURT


(((H13000221474 3)))

((H13000221474 3)))

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

See attachment.

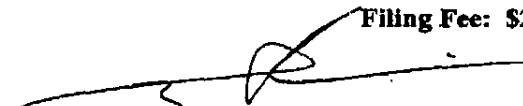
Dated September 30, 2013

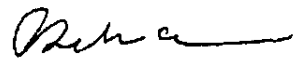
  
Signature of a member or authorized representative of a member  
Jonathan W. Marsh, M.D.

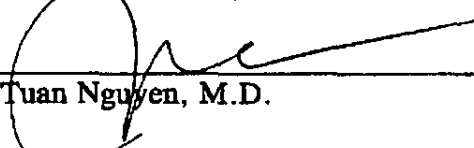
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

  
Zubin Pachori, M.D.

  
Charlene DeLuca, M.D.

  
Tuan Nguyen, M.D.

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT -4 AM 7:22

FILED

((H13000221474 3)))

(((H13000221474 3)))

AMENDMENTS  
TO  
ARTICLES OF ORGANIZATION

The following provisions of the Company's Articles of Organization are also hereby amended:

ARTICLE III

The professional limited liability company is organized for the sole purpose of rendering professional medical services and conducting such other business as may be conducted under the provisions of Chapter 621, Florida Statutes.

ARTICLE VII

The Members of the Company have elected to bring the Company within the provisions of the Professional Service Corporation and Limited Liability Company Act as set forth in Chapter 621, Florida Statutes.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT -4 AM 7:22

FILED

(((H13000221474 3)))