# GMMANUEL, SHEPPEARD & CONDON 6

ALAN B. BOOKMAN
T.A. BOROWSKI, JR.
GERALD L. BROWN
A.G. CONDON, JR.
FRICK M. DRLICKA
FATRICK G. EMMANUEL
ROBERT A. EMMANUEL
KRAMER A. LITVAK

Post Office Drawer 1271
Pensacola, Florida 32596

TOLL FREE 1-800-433-658 I http://www.esclaw.com

WM, DOUGLAS MARSH
GERALD MCKENZIE
JOHN W, MONROE, JR.
WANDA W, RADCLIFFE
JILL K. SATTERWHITE
ALAN C, SHEPPARD
CRYSTAL COLLINS SPENCER
WARREN R, TODD

October 15, 1998

Division of Corporations Department of State Post Office Box 6327 Tallahassee, Florida 32314

500002666825---6 -10/19/98--01064--008 \*\*\*\*105.00 \*\*\*\*105.00

RE:

Gulf Coast Family Physicians, L.C.

Our File No.: G597-30098

Ladies/Gentlemen:

Enclosed please find the executed original and one copy of the Articles of Amendment Articles of Organization for the above-referenced limited liability company.

Also enclosed please find our check in the amount of \$105.00 for the following fees;

Filing Fee Certified Copy TOTAL \$ 52.50 <u>52.50</u> \$105.00

Please file the Articles and return to us a certified copy of same. Thank you for your assistance in this matter.

Yery truly yours,

For the Firm

KAL:laa Enclosures

F.\USERS\TAX\G30098\state.ltr.wpd

Name
Availabilit

Document
Examiner

Updatar

Updatar

Verifyer

Acknowled sement

W. P. Verifyer

"al Sept



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 21, 1998

KRAMER A. LITVAK EMMANUEL, SHEPPAD & CONDON P.O. DRAWER 1271 PENSACOLA, FL 32596

SUBJECT: QUINCY CIRCLE, L.L.C. Ref. Number: W98000023884

We have received your document for QUINCY CIRCLE, L.L.C. and your check(s) totaling \$105.00. 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 an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Letter Number: 598A00051915

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

# GULF COAST FAMILY PHYSICIANS, L.C.

DIVISION OF CORPORATIONS
98 NOV 10 AM II: 51

Pursuant to the provisions of Sections 608.411 of the Florida Statutes, the undersigned limited liability company adopts the following Articles of Amendment to its Articles of Organization, filed June 26, 1998, #L98000000916.

FIRST: The name of the limited liability company is Gulf Coast Family Physicians, L.C.

SECOND: The date of filing of the Articles of Organization was June 26, 1998.

**THIRD:** Article I of the Articles of Organization is hereby amended in its entirety as follows:

## Article I

#### Name and Principal Office

The name of this limited liability company is Quincy Circle of Northwest Florida, L.L.C., and its principal office and mailing address is located at 4501 N. Davis Highway, Suite A, Pensacola, Florida 32503.

FOURTH: The amendment was adopted and approved by all of the members on the May of Monthes, 1998.

DATED: <u>/</u>	/pv. 44h, 1998.	
	GULF COAST FAMILY PHYSICIANS, L.C., now QUINCY CIRCLE OF NORTHWEST FLORIDA, L.L.C.  By:  Elvin Coy Irvin, Member and Authorized Agent  By:  Roger M. Orth, Member	DIVISION OF CORPORATIONS  98 NOV 10 AM II: 51
STATE OF FLORIDA COUNTY OF ESCAMBI	A	
by ELVIN COY IRVIN, a	rument was acknowledged before me this Ahday of Nov. s a Member and as the Authorized Agent of Quincy Circle of Nov. as identification and who did take an oath.  And Let Firm Printed Name: April Let Firm Notary Public - State of Florida	who has
STATE OF FLORIDA COUNTY OF ESCAMB	(Notary Seal)  (Notary Seal)	FIRMIN NUMBER 5910
by ROGER M. ORTH, as	rument was acknowledged before me this Abota of Northwest Florida, L.L.C., who pend who is personally known to me or who has passidentification and who did take an oath.	rsonally
	Printed Name: April Lee Firm Notary Public - State of Florida	in

(Notary Seal)

OF FLOOR OFFICIAL NOTARY SEAL APRIL LEE FIRMIN COMMISSION NUMBER CC715910

MY CCMMISSION EXPIRES FEB. 11,2002