L99000007226

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
MAY 11 2010
EXAMINER

COVER LETTER

TQ;,	Registration Se Division of Cor						
SURII	SUBJECT: COCONUT CREEK PHYSICIANS, LLC						
50.501	<u></u>		ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
	JAN E AMIR Name of Person						
COCONUT CREEK PHYSICIANS, LLC							
			Firm/Company				
		3880 COCO	NUT CREEK PKWY SU	ITE 100			
	COCONUT CREEK, FL 33066						
	City/State and Zip Code						
	COCONUTCREEKPHYS@BELLSOUTH.NET E-mail address: (to be used for future annual report notification)						
For fur	ther information c	oncerning this matter, please c	all:				
		AN E AMIR	at (_954_)	973-9666			
	Name o	f Person	Area Code & Day	time Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations ; Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COCONUT CREE (Name of the Limited Liability Co (A Florida Limited Lim	K PHYSICIANS, mpany as it now appea ited Liability Company)	P.L. rs on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number L9900007226	pany were filed on <u>C</u>	CTOBER 29, 1999 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	ny," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		<u> </u>
		MAY	- 138E
		AAY	SE SE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			- Bot
			<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on c here:	our records, enter the name o	f the new
Name of New Registered Agent:			
New Registered Office Address:			
	Eni	er 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 Title Name Address Type of Action MGR MICHAEL P. ANGELILLO 3880 COCONUT CREEK PKWY ☐ Add SUITE 100 ✓ Remove COCONUT CREEK, FL 33066 DAN FERRARA MGRM 3880 COCONUT CREEK PKWY ✓ Add Remove SUITE 100 COCONUT CREEK, FL 33066 ☐ Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 6 2010 Dated _ Signature of JAN E AMIR Typed or printed name of signee

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Filing Fee: \$25.00