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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Physicians Benefit Corporation, 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:

Julian G. Cortillo  
(Name of Person)

Physicians Benefit Corporation, LLC  
(Firm/Company)

1575 San Ignacio Ave, Suite PH  
(Address)

Coast Gables, FL 33146  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Diaz at ( 305 ) 667-1950 Ext 5002  
(Name of Person) (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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Physician Benefit Corporation, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/17/99 and assigned document number L99000009148.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

*Please add the following additional  
managing member*

*The Physicians Advocate, LLC  
1900 W Commercial Blvd, Suite 123  
Ft. Lauderdale, FL 33309*

Dated July 28, 2005

*[Signature]*  
Signature of a member or authorized representative of a member

*Julian C. Cantillo*  
Typed or printed name of signee

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