

MD1000000210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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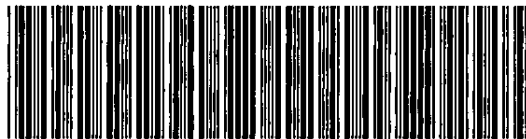
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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J. BRYAN

JAN 31 2007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Cognoscenti Health Institute, 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:

Sheridan Foster, J.D.  
(Name of Person)  
  
Clinical Pathology Laboratories, Inc.  
(Firm/Company)  
  
9200 Wall Street  
(Address)  
  
Austin TX 78754  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Sheridan Foster at ( 512 ) 873-1645  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Cognoscenti Health Institute LLC
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on January 25, 2001 and its Florida document/registration number is M01000000210
4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Clinical Pathology Laboratories, Inc.

9200 Wall Street

Austin, Texas 78754

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Required Signature: \_\_\_\_\_

David L. Schultz  
(Signature of Manager, Managing Member or Member)

David L. Schultz, President, Clinical Pathology  
Laboratories, Inc.

Filing Fee: \$25