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07 DEC 28 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 28 2007

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ponchartrain Lithotripsy, LLC (listed as Ponchartrain Lithotripsy, LLC on Florida website)  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Baldwin  
(Name of Person)

Brad Miller, P.C.  
(Firm/Company)

70 West Cushing Street  
(Address)

Tucson, AZ 85701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Baldwin at (520) 547-2447  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Ponchartrain Lithotripsy, LLC (Ponchartrain Lithotripsy, LLC is on filed record)
2. Jurisdiction of its organization: Nevada
3. Date authorized to do business in Florida: October 21, 2002

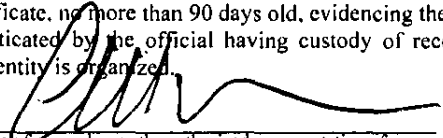
**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_

5. New name of the limited liability company: Ponchartrain Lithotripsy, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Christopher Gleason  
Typed or printed name of signee

**Filing Fee: \$25.00**

Christopher Gleason, the President  
of Cristobal Enterprises, Inc., the Manager of  
NextMed Holdings, LLC, the Manager of  
NextMed I, LLC, the Manager of  
Ponchartrain Lithotripsy, LLC

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# SECRETARY OF STATE



## CERTIFICATE OF NAME CHANGE

I, ROSS MILLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on December 12, 2007, a Certificate of Amendment to its Articles of Organization changing the name to **PONTCHARTRAIN LITHOTRIPSY, LLC**, was filed in this office by **PONCHARTRAIN LITHOTRIPSY, LLC**. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 12, 2007.

A handwritten signature of Ross Miller in black ink.

ROSS MILLER  
Secretary of State

By

A handwritten signature of the Certification Clerk in black ink.

Certification Clerk



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