

L11000077562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

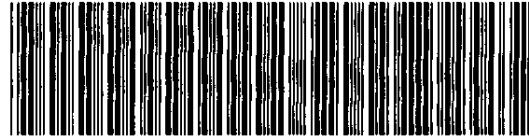
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400209953754

07/14/11--01019--015 **55.00

FILED
2011 JUL 14 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 15 2011

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ANESTHESIA PARTNERS PF TJE GULF COAST 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:

KUNAL JAIN

Name of Person

ELITE RESOURCES LLC

Firm/Company

29399 US HIGHWAY 19 N, STE 260

Address

CLEARWATER, FL 33761

City/State and Zip Code

Kunalj@practiceforces.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KUNAL JAIN

Name of Person

at (727)

771-1300

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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 JUL 14 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANESTHESIA PARTNERS PF TJE GULF COAST, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 06, 2011 and assigned
Florida document number L11000077562.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ANESTHESIA PARTNERS OF THE GULF COAST LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 2011 JUL 14 PM 2:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated JULY 6 , 2011



 Signature of a member or authorized representative of a member

KUNAL JAIN

 Typed or printed name of signee