

# LB2 000005717

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H130002041273)))



H130002041273ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 SEP 13 PM 4:59

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SURGICARE ASSOCIATES, L.L.C.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

SEP 16 2013

T CLINE

RECEIVED

13 SEP 13 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Audit Fax #  
H130002041273

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SURGICARE ASSOCIATES, L.L.C.

(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 03/11/2002 and assigned  
Florida document number L02000005717.

This amendment is submitted to amend the following:

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

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)

FILED  
2010 SEP 13 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

City

Florida

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

H130002041273

H130002041273

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>  |
|--------------|------------------------------|---|--|
| MGR          | Alan S. Gassman, Esq.        | 1245 Court Street<br>Clearwater, FL 33756 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | SPINECARE ASSOCIATES, L.L.C. | 2250 Drew Street<br>Clearwater, FL 33765  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

2013 SEP 13 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H130002041273

H130002041273

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

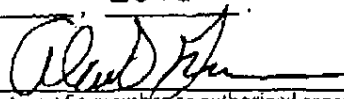
---

---

---

---

Dated September 12 2013



Signature of a member or authorized representative of a member

ALAN S. GASSMAN, Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 13 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H130002041273