

L0300024538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

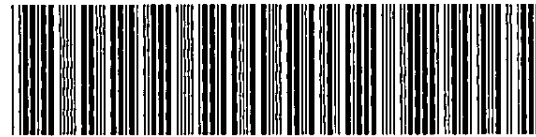
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300137660243

11/19/08-- **

11/19/08--01002--001 **25.00

RECEIVED
08 NOV 18 PM 2:11
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 NOV 18 PM 3:35
DEPT. OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

NOV 18 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/18/08

REF. #: RA2323.95608

CORP. NAME: MILLENIA SURGERY CENTER, L.L.C.

FILED
08 NOV 18 PM 3:35
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 528340 **FOR \$** 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
08 NOV 18 PM 3:35
TALLAHASSEE, FLORIDA

Millenia Surgery Center, 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 06/30/2003 and assigned
Florida document number L03000024538.

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)

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

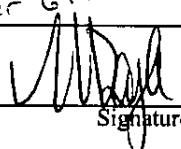
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|---|--|
| <u>P CEO</u> | <u>Rodolfo Gari</u> | <u>5501 W. Gray St</u> <u>Tampa, FL 33609</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>COO</u> | <u>Michael Doyle</u> | <u>5501 W. Gray St.</u> <u>Tampa, FL 33609</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>Sean Oreal</u> | <u>200 Station Way</u> <u>Suite D.</u> <u>Arroyo Grande, CA 93420</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>CEO</u> | <u>Mark Lombardo</u> | <u>1151 Blackwood Ave.</u> <u>Suite 120</u> <u>Orlando, FL 32761</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>MD</u> | <u>Omar Fadhli</u> | <u>720 West Oak St.</u> <u>Suite 101</u> <u>Kissimmee, FL 34741</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>COO</u> | <u>Daniel Frohwein</u> | <u>6068 Apopka Vineland Rd.</u> <u>Orlando, FL 32819</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

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

Remove additional Manager / Member.

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|---|--|
| <u>T</u> | <u>Sri Pothamsetty</u> | <u>1507 S. Hiawasse Rd.</u> <u>Orlando, FL 32819</u> | <input checked="" type="checkbox"/> Remove |

Dated November 6th, 2008.


Signature of a member or authorized representative of a member

Michael Doyle
Typed or printed name of signee