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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Ambulatory Anesthesia, L.L.C.
(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:

Ronald N. Smith
(Name of Person)

Florida Ambulatory Anesthesia, L.L.C.
(Firm/Company)

15761 Cedar Grove Lane
(Address)

Wellington, Florida 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald N. Smith at (561) 315 - 2259
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &
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☐ \$60.00 Filing Fee,
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(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Florida Ambulatory Anesthesia, L.L.C.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on April 02, 2004 and assigned document number L04000025159.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Article VI:

Admitting new members:

Name:	Title:
Ronald N. Smith, M.D., P.A.	Manager / Member
Philip Smith	Member

Dated December 10, 2004.



Signature of a member or authorized representative of a member

Ronald N. Smith

Typed or printed name of signee

Filing Fee: \$25.00

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