

L04000074562

2004 NOV 18 P 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(City/State/Zip/Phone #)

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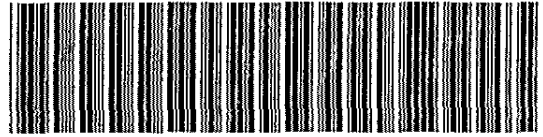
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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

2004 NOV 18 P 2:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
AMBULATORY SURGERY ASSOCIATES OF CLERMONT, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
ARTICLE V, LISTING SIX MEMBER MANAGERS IS TO BE CHANGED TO

FIVE MEMBER MANAGERS, REMOVING THE NAME :


DAVID ALLEN M.D. MGRM

FAILURE TO SIGN THE ARTICLES OF ORGANIZATION.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: NOVEMBER 4, 2004



Signature of a member or authorized representative of a member

MATTHEW IMFELD M.D. MGRM

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L04000074562
FILED 8:00 AM
October 14, 2004
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

AMBULATORY SURGERY ASSOCIATES OF CLERMONT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

10345 ORANGEWOOD BLVD
ORLANDO, FL. US 32821

The mailing address of the Limited Liability Company is:

10345 ORANGEWOOD BLVD
ORLANDO, FL. US 32821

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

CENTRAL FLORIDA PHYSIATRISTS, P.A.
10345 ORANGEWOOD BLVD
ORLANDO, FL. 32821

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MATT IMFELD

Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID LUCAS M.D.
235 CITRUS TOWER BLVD, SUITE 102
CLERMONT, FL. 34711 US

Title: MGRM
FRANK FISCHER III, M.D.
1420 TOUCHTON LN, S.E.
WINTER HAVEN, FL. 33884 US

Title: MGRM
KEVIN NOWICKI M.D.
12113 CRESCENT COVE COURT
WINDERMERE, FL. 34786 US

Title: MGRM
MATT IMFELD M.D.
10345 ORANGEWOOD BLVD
ORLANDO, FL. 32821 US

Title: MGRM
DAVID ALLYN M.D.
1976 BRANTLEY
CLERMONT, FL. 34711 US

Title: MGRM
MAYSSA TOPPINO M.D.
PO BOX 687
MINNEOLA, FL. 34755 US

Article VI

The effective date for this Limited Liability Company shall be:

10/15/2004

Signature of member or an authorized representative of a member

Signature: MATT IMFELD

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