

LOS 00000 1647

KORN, P.L.

Tax Attorneys

THE HMA BUILDING, SUITE 209
5811 PELICAN BAY BOULEVARD
NAPLES, FLORIDA 34108

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

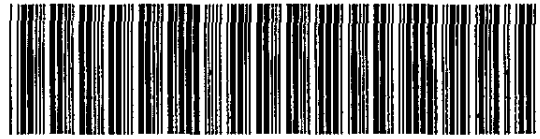
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.

FIRST: The name of the limited liability company is:
NORTHWEST GUARDIAN ANESTHESIA SERVICES, PLLC

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

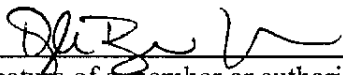
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Article V: The correct name and address of Managing Members are:
MGRM: Darren Finn, 16970-3 San Carlos Blvd., Suite 185, Ft Myers, FL 33908
MGRM: Suzanne R. Sanders, 16970-3 San Carlos Blvd., Suite 185, Ft Myers,
FL 33908

OR

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

Dated: January 7, 2005



Signature of a member or authorized representative of a member

Tyler B. Korn, Esq., Authorized Representative

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

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

L05000001647
FILED 8:00 AM
January 06, 2005
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

NORTHWEST GUARDIAN ANESTHESIA SERVICES, PLLC

Article II

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

5811 PELICAN BAY BLVD.
SUITE 209
NAPLES, FL. 34108

The mailing address of the Limited Liability Company is:

5811 PELICAN BAY BLVD.
SUITE 209
NAPLES, FL. 34108

Article III

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

THE SOLE AND SPECIFIC PURPOSE OF THE COMPANY IS TO ENGAGE
IN THE PRACTICE OF LICENSING NURSING AND TO RENDER SUCH
SERVICES AS MAY BE ANCILLARY TO THE FOREGOING.

Article IV

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

TYLER B KORN ESQ
5811 PELICAN BAY BLVD.
SUITE 209
NAPLES, FL. 34108

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: TYLER B. KORN, ESQ.

Article V

The name and address of managing members/managers are:

Title: MGRM
DARRELL FINN
16970-3 SAN CARLOS BLVD, SUITE 185
FORT MYERS, FL. 33908

Title: MGRM
SUZANNE R SANDERS
16970-3 SAN CARLOS BLVD., SUITE 185
FORT MYERS, FL. 33908

Signature of member or an authorized representative of a member

Signature: TYLER B. KORN, ESQ., AUTHORIZED REP

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