

LO5000030349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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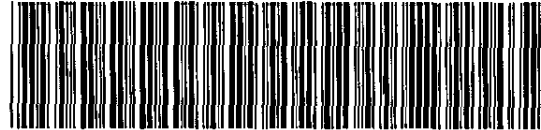
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PERFORMANCE ANESTHESIOLOGY, LLC  
(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:

JEFFREY GOLBOIS

(Name of Person)

PASTOR & GOLBOIS CPAs, P.A.

(Firm/Company)

7700 CONGRESS AVE - SUITE 3107

(Address)

BOCA RATON FL 33487

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JEFFREY GOLBOIS

(Name of Person)

at ( 561 ) 995-1935

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PERFORMANCE ANESTHESIOLOGY, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 03/28/2005 and assigned  
document number L05000030349.

**SECOND:** This amendment is submitted to amend the following:

CHANGE THE NAME OF THE LIMITED LIABILITY  
COMPANY TO THE FOLLOWING:


THE VENETIAN SPINE INSTITUTE, LLC

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FILED

Dated OCTOBER 31, 2005.



Signature of a member or authorized representative of a member

BRIAN MEVORAH

Typed or printed name of signee