

L060000066417

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 PM 3:43

B. Tedlock "" 20 2006

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INNERSTATE ANESTHESIA CONSULTANTS, LLC
(Name of Corporation)

DOCUMENT NUMBER: L06000066417

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID ALICEA

(Name of Contact Person)

TAX SOLUTIONS INC

(Firm/Company)

1296 N MILITARY TRAIL

(Address)

WEST PALM BEACH, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID ALICEA

(Name of Contact Person)

at (5621) 687-3277

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

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

ARTICLES OF CORRECTION

for

INNERSTATE ANESTHESIA CONSULTANTS, LLC

Name of ~~Corporation~~ as currently filed with the Florida Dept. of State

Entity

L06000066417

Document Number (if known)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Pursuant to the provisions of Section ~~607.0124 or 617.0124~~ ^{608.4115}, Florida Statutes, this ~~corporation~~ ^{Entity} files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF ORGANIZATION
(Document Type Being Corrected)

filed with the Department of State on JUNE 30, 2006
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE ENTITY

Correct the inaccuracy, incorrect statement, or defect:

THE NAME SHOULD BE:

ANESTHESIA PROVIDERS OF CENTRAL FLORIDA, LTD COMPANY

Donald E Smart
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

DONALD E SMART
(Typed or printed name of person signing)

MGR
(Title of person signing)

Filing Fee: \$35.00

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

L06000066417
FILED 8:00 AM
June 30, 2006
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
INNERSTATE ANESTHESIA CONSULTANTS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
608 VISCAYA AVENUE
ORLANDO, FL. 32839

The mailing address of the Limited Liability Company is:
608 VISCAYA AVENUE
ORLANDO, FL. 32839

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:
DONALD E SMART
608 VISCAYA AVENUE
ORLANDO, FL. 32839

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: DONALD E SMART

Article V

The name and address of managing members/managers are:

Title: MGR
DONALD E SMART
608 VISCAYA AVENUE
ORLANDO, FL. 32839

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June 30, 2006
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mthomas

Signature of member or an authorized representative of a member

Signature: DONALD E SMART