

Box 3

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

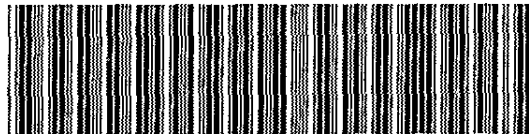
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W07-507



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SECRETARY OF STATE
MILWAUKEE, WI 53233

LO7-4098

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Swell Anesthesia, P.L.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emily Farrow Robbins

(Name of Person)

Harris Shelton Hanover Walsh, PLLC

(Firm/Company)

6060 Poplar, Suite 450

(Address)

Memphis, TN 38119

(City/State and Zip Code)

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Emily Farrow Robbins at (901) 435-0315
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2007

EMILY FARROW ROBBINS
6060 POPLAR, STE 450
MEMPHIS, TN 38119

SUBJECT: SOUTHERN SWELL ANESTHESIA, P.L.
Ref. Number: W07000000507

We have received your document for SOUTHERN SWELL ANESTHESIA, P.L. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 907A00000657

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TALLAHASSEE FLORIDA

Harris Shelton Hanover Walsh, PLLC
ATTORNEYS AT LAW

EMILY F. ROBBINS

6060 Poplar Avenue
Suite 450
Memphis, Tennessee
38119-0937

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One Commerce Square
Suite 2700
Memphis, Tennessee
38103

Oxford MS Office
1109 Van Buren Avenue
P.O. Box 1113
Oxford, Mississippi
38655

January 12, 2007

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

VIA FEDERAL EXPRESS

Re: Southern Swell Anesthesia, P.L. (the "Company")
Ref. Number: W070000000507

To Whom It May Concern:

I have enclosed your rejection letter and the revised Articles of Organization for the above referenced entity. Article VI of the Articles of Organization states the Company's purpose. Please file the Articles and return the certified copy to me.

If you have any questions, please give me a call.

Yours very truly,

HARRIS SHELTON HANOVER WALSH, PLLC

Emily F. Robbins
Emily F. Robbins

enclosures

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TALLAHASSEE, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Swell Anesthesia, P.L.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1660 Sea Oates Drive
Atlantic Beach, FL 32233

Mailing Address:

1660 Sea Oates Drive
Atlantic Beach, FL 32233

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kirk Foster

Name

1660 Sea Oates Drive

Florida street address (P.O. Box **NOT** acceptable)

Atlantic Beach FL 32233

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kirk Foster

1660 Sea Oates Drive

Atlantic Beach, FL 32233

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: See Exhibit A

REQUIRED SIGNATURE:

Emily Robbins

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Emily Robbins, authorized representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

EXHIBIT A

ARTICLE VI: The purpose of Southern Swell Anesthesia, P.L. is to provide nurse anesthetist services and any services ancillary to such nurse anesthetist services.

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