

LO7 000073598

(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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LO7-73598  
QR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2007

ROBERT RAPPEL  
1515 INDIAN RIVER BLVD., SUITE A-210  
VERO BEACH, FL 32960

SUBJECT: SURGICAL CENTER OF BROWARD, LLC  
Ref. Number: L07000073598

We have received your document for SURGICAL CENTER OF BROWARD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 807A000611

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Surgical Center of Broward, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Robert Rappel

(Name of Person)

Rappel Health Law Group PL

(Firm/Company)

1515 Indian River Boulevard, Suite A-210

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel

(Name of Person)

at ( 772 )

778-8885

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Surgical Center of Broward, 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:

Robert Rappel

(Name of Person)

DEC Consultants, Inc.

(Firm/Company)

1515 Indian River Boulevard, Suite A-210

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rappel

(Name of Person)

at ( 772 ) 778-8885

(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)

\* See attached  
letter re: payment received

### 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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Surgical Center of Broward, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on July 16, 2007 and assigned document number L07000073598.

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

ARTICLE II, PRINCIPAL PLACE OF BUSINESS, incorrectly states the principal place of business and mailing address of the Company as 7500 Nova Drive. The address should be amended as follows:

ARTICLE II, PRINCIPAL PLACE OF BUSINESS, The principal place of business and mailing address of the Company is 7750 Nova Drive, Suite A-4, Davie, Florida 33324 or such place as may be designated by the Members.

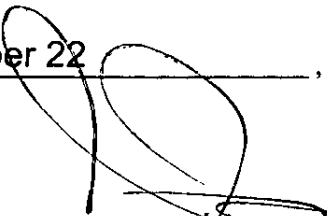
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TALLAHASSEE, FLORIDA

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Dated October 22, 2007



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert Rappel, Esquire

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**