

LD7000098798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 20 AM 9:37

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2011

GENE N GORDON  
P.O. BOX 1166  
SYLACAUGA, AL 35150

SUBJECT: SOUTHERN ANESTHESIA SOLUTIONS, LLC  
Ref. Number: L07000098798

We have received your document for SOUTHERN ANESTHESIA SOLUTIONS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a *member or by the authorized representative of a member.*

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 611A00007130

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southern Anesthesia Solutions, 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:

Gene N Gordon

Name of Person

Firm/Company

PO Box 1166

Address

Sylacauga, AL 35150

City/State and Zip Code

g2au75@aol.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Gene Gordon

Name of Person

at ( 205 )

427-4976

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**

**Southern Anesthesia Solutions, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/27/07 and assigned  
Florida document number L07000098798.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Medical Wellness Solutions, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| Title | Name | Address | Type of Action                  |
|-------|------|---------|---------------------------------|
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
|       |      |         |                                 |
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 15, 2011

Rachel R Gordon

Signature of a member or authorized representative of a member

Rachel R Gordon

Typed or printed name of signee

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TALLAHASSEE FLORIDA