

LD8000009189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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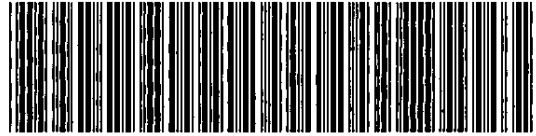
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ST. LUCIE ANESTHESIA ASSOCIATES, 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:

**Julie Crispin**  
Name of Person  
**ST. LUCIE ANESTHESIA ASSOCIATES, LLC**  
Firm/Company  
**30 East High Point Road**  
Address  
**Stuart, Florida 34996**  
City/State and Zip Code  
**julcrispin@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Julie Crispin** at ( **772** ) **486-3067**  
Name of Person 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

FILED

09 JUL 21 AM 11:29

ST. LUCIE ANESTHESIA ASSOCIATES, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/25/2008 and assigned Florida document number L08000009189.

This amendment is submitted to amend the following:

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

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)*

30 East High Point Road  
Stuart, Florida 34996

Enter new mailing address, if applicable:  
*(Mailing address MAY BE A POST OFFICE BOX)*

30 East High Point Road  
Stuart, Florida 34996

**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:

Julie Crispin

New Registered Office Address:

30 East High Point Road

*Enter Florida street address*

Stuart  
*City*

Florida

34996  
*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.*

Julie D Crispin  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Steven M Langer, INC.	3 NE Lofting Way Stuart, FL 34996	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Steven M Langer	3 NE Lofting Way Stuart, FL 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Julie Crispin, Inc	2112 South US HWY 1 Suite 201 Et Pierce, FL 34950	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Julie Crispin	30 East High Point Road Stuart, Florida 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Stephanie Drabin, Inc	1600 NW Fork Rd. Stuart, FL 34994	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Stephanie Drabin	1600 NW Fork Rd. Stuart, FL 34994	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Dated July 16, 2009

*Julie Crispin*  
Signature of a member or authorized representative of a member

Julie Crispin

Typed or printed name of signee