

Division of Corporations

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L08000009189

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ST. LUCIE ANESTHESIA ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FEB 06 2014

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Help D. E. TWICE

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:

Joel Rush
Name of Person

McDermott Will & Emery
Firm/Company

500 North Capitol Street, NW
Address

Washington, D.C. 20001
City/State and Zip Code

jrush@mwe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Rush
Name of Person

at (202) 756-8659
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

St. Lucie Anesthesia Associates, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/25/2008 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)

7100 West Camino Real, Suite 301
Boca Raton, Florida 33433

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

7100 West Camino Real, Suite 301
Boca Raton, Florida 33433

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:

NRAI Services, Inc.

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

, Florida 33324

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 605, 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.

Francis P. Regan
If Changing Registered Agent, Signature of New Registered Agent

Francis P. Regan

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Steven M. Langer	3 NE Lofting Way Stuart, FL 34996	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Julie Crispin	30 East High Point Road Stuart, FL 34996	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Stephanie Drabin	1600 NW Fork Road Stuart, FL 34994	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	RAPS Acquisition Holdings, LLC	7100 West Camino Real, Suite 301 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RAPS Acquisition Holdings, LLC	7100 West Camino Real, Suite 301 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 HALL COUNTY, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 4, 2014



Signature of a member or authorized representative of a member

Andrew Barnett, CEO of RAPS Acquisition Holdings, LLC, the sole Member and Manager

Typed or printed name of signer

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