

LO8000009189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

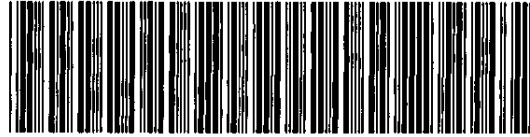
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2015

T. HAMPTON

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:

Peter Zuckoff
Name of Person
RAPS Acquisition Holdings, LLC
Firm/Company
7100 W Camino Real, Suite 301
Address
Boca Raton, Florida 33433
City/State and Zip Code
pzuckoff@resolutemd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Zuckoff at **561** **406-2328**
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**

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 signed

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:

7100 W Camino Real

(Principal office address MUST BE A STREET ADDRESS)

Suite 301

Boca Raton, Florida 33433

Enter new mailing address, if applicable:

7100 W Camino Real

(Mailing address MAY BE A POST OFFICE BOX)

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:

Thomas Nordstrom

New Registered Office Address:

7100 W Camino Real, Suite 301

Enter Florida street address

Boca Raton

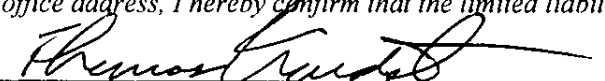
, Florida 33433

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.


Thomas Nordstrom
If Changing Registered Agent, Signature of New Registered Agent

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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

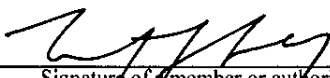
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO,P	Brian Gillon	7100 W Camino Real, Suite 301	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
T,S	Peter Zuckoff	7100 W Camino Real, Suite 301	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
D	Jay Martin	7100 W Camino Real, Suite 301	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
D	Brian Murphy	7100 W Camino Real, Suite 301	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
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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 _____ 12/23, 2014.



Signature of member or authorized representative of a member

Peter Zuckoff

Typed or printed name of signee

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