L08000017355

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DIVISION OF CORPURATIONS

J. BRYAN

MAY - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THORACIC SURGERY OF INC	DIAN RIVER, LLC inted Liability Company)	
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter		
RONALD K. LAWN COLLINS BROWN O	(Name of Person) CALDWELL BARKETT & GARAVAGLIA	
756 BEACHLAND B	(Firm/Company)	
VERO BEACH, FL	32963 (City/State and Zip Code)	SECRE DIVISION 08 MAY
For further information concerning this matter, please c	call:	OF COR
RONALD K. LAWN (Name of Person)	at (772) 231-4343 (Area Code & Daytime Telephone Number)	SECRETARY OF STATE SECRETARY OF CORPORATIONS 08 MAY -5 PH 4: 07
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square\ \$30.00 Filing Fee \$\text{Certificate of Status}	S55.00 Filing Fee & S60.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &
MAILING ADDRESS:	STREET/COURIER ADDRESS:	

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

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

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



THORACIC SURGERY OF INDIAN RIVER, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A r	Torida Elimica Elability Co	inpany)		
The Articles of Organization for this Limited Lial Florida document number <u>L08000017355</u>	bility Company were filed	on <u>February 18, 2008</u> ,	_ and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability comp	eany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabilit	y Company," the designation "LLC	" or the abbreviation	
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:	s: 14430 U.S. Highway 1, Suite B-1			
,	(Enter Florida street address)		ess)	
	Sebastian,	, Florida <u>329</u>	958	
	(City)	, Tioriua	(Zip Code)	
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered the provisions of all statutes relative to the processing filed to merely reflect a change in the recompany has been notified in writing of this change in the company has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change in the recompany has been notified in writing the process in the recompany has been notified in writing the recompany has be	agent and agree to act to oper and complete perfo ered agent as provided j egistered office address, hange.	rmance of my duties, and I am for in Chapter 608, F.S. Or, if I hereby confirm that the limit	familiar with and this document is ed liability	
	(If Changing Regi	stered Agent, <u>Signature of New Regi</u>	itered 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>	Address	Type of Action
MGRM	Peter A. Seirafi, M.D.	1810 Birmingham Avenue Jasper, AL 35502	Add Remove
<u>MGRM</u>	Peter A. Seirafi, M.D.	14430 U.S. Highway 1, Suite B-1 Sebastian, FL 32958	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
	Mailing address of Limited Li	ability Company shall now be as follows:	
	14430 U.S. Highway 1, Suite	B-1, Sebastian, FL 32958	NAME OF THE STATE
	Street address of the principa	al office of the Limited Liability Company shall be	
	14430 U.S. Highway 1, Suite	B-1, Sebastian, FL 32958	-5 F CO
			- 1 년
Dated A	pril 30th	, 2008	OF STATE OR ORPORATIONS
	Ψ -	a member or authorized representative of a member	
	Ronald K. Lawn	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00