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(Requestor's Name)

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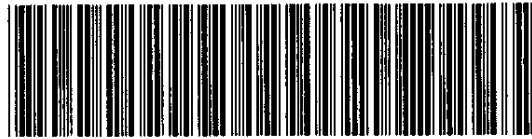
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Date: 7-27-16

ENTITY NAME:

VILLAGES ANESTHESIA ASSOCIATES, LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

XX

Plain Copy

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125 -

CHECK NUMBER: 2731

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
VILLAGES ANESTHESIA ASSOCIATES, LLC**

Pursuant to the provisions of Section 605.0202 of the Florida Revised Limited Liability Company Act, the undersigned limited liability company adopts the following Amended and Restated Articles of Organization to be effective as provided herein:

1. The name of the limited liability company is:

Villages Anesthesia Associates, LLC
2. The Articles of Organization of the limited liability company were filed on May 8, 2008.
3. The Amended and Restated Articles of Organization shall be effective at 11:59 p.m. on July 31, 2016.
4. These Amended and Restated Articles of Organization have been duly executed and are being filed in accordance with Section 605.0202 of the Florida Revised Limited Liability Company Act.
5. The limited liability company's Articles of Organization be and hereby are amended and restated as follows:

**ARTICLE I
NAME**

The name of this limited liability company is VILLAGES ANESTHESIA ASSOCIATES, LLC ("Company").

**ARTICLE II
ADDRESS AND PLACE OF BUSINESS**

The street and mailing address of the Company's principal office is 10900 S.E. 174th Place, Summerfield, Florida 34491.

**ARTICLE III
REGISTERED AGENT**

The name of the Company's registered agent in Florida is NRAI Services, Inc. and its street address is 1200 South Pine Island Road, Plantation, Florida 33324.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accepts the obligations of its position as registered agent.

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NRAI Services, Inc.
By: Patricia A. Boverie
Name and Title: Patricia A. Boverie, Asst. Secretary

ARTICLE V
MANAGEMENT

The Company shall be manager-managed.

ARTICLE IV
RESTRICTIONS ON TRANSFER

The transfer of any equity interest in the Company is restricted pursuant to the Company's operating agreement.

IN WITNESS WHEREOF, the undersigned has executed these Amended and Restated Articles of Organization as of July 25, 2016.

Villages Anesthesia Associates, LLC

By: [Signature]
Name: Nicholas Gabriel
Title: MANAGER

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