

LD9000014009^{p.1}

Florida Department of State
Division of Corporations
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L. SELLERS

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

FEB 25, 2009

EXAMINER

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9865

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MUA CENTER OF PALM COAST, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
TALLAHASSEE

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

MUA CENTER OF PALM COAST, 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 02/11/2009 and assigned
Florida document number L09000014009.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Enter Florida street address)

(City)

Florida

(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.

(If Changing Registered Agent, Signature of New Registered Agent)

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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	ANESTHESIA COMPANY OF AMERICA LLC	201 MONTGOMERY AVE SARASOTA FL 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MUA OF PALM COAST, PLLC	21 HOSPITAL DRIVE, SUITE #220 PALM COAST FL 32184 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated FEBRUARY 23RD, 2009

Brian D. Lockman

Signature of a member or authorized representative of a member

Brian J. Wachowski

Typed or printed name of signee

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ALLIANCE FLORIDA

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