

L10000042275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



600175715346

04/26/10--01013--024 **30.00

FILED
2010 APR 26 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 27 2010

EXAMINER

37837 Meridian Avenue, Suite 100
Dade City, FL 33525
(P.O. Box 2337, Dade City, FL 33526-2337)
Tax ID# 59-2985033

JAB&W
Johnson, Auvil, Brock & Wilson, P.A.
ATTORNEYS AT LAW

Telephone: 352.567.2500
General Fax: 352.567.6813
Real Estate Fax: 352.567.0457
Toll Free: 888.828.7522
www.dadecitylaw.com

April 21, 2010

VIA US REGULAR MAIL

Florida Department of State
Division of Corporations
Attn: Registration Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Correction for Suncoast Advanced Surgery, PLLC
Document Number L10000042275

To Whom It May Concern:

Enclosed, please find the Articles of Correction for Suncoast Advanced Surgery, PLLC, along with this firm's check in the amount of Thirty and No/100 Dollars (\$30.00), representing your office's fee to file the Articles of Correction, and issue a Certificate of Status.

Please return all correspondence concerning this matter to my attention, at the address indicated herein.

Should you have any questions, please feel free to call me, or my assistant, Linda Armstrong, at (352) 567-2500.

Very Truly Yours,

JOHNSON, AUVIL, BROCK & WILSON, P.A.



Sheada Madani

/smp

(Enclosures as Indicated)

ecc: Nitin Babel, M.D.

Chris Weinstein

Articles of Correction

for

SUNCOAST ADVANCED SURGERY, PLLC

**A Florida Professional Limited Liability Company
Document Number L10000042275**

FILED

2010 APR 26 PM 4:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

*Pursuant to Section 608.4115, F.S., this document is being submitted within the required thirty (30) business days to correct the attached Articles of Organization for Suncoast Advanced Surgeons, PLLC, a Florida professional limited liability company, filed with the Florida Department of State, Division of Corporations, on April 20, 2010, a true and correct copy of which are attached hereto as **Exhibit A**.*

FIRST:

The Name of the limited liability company shown on the April 20, 2010 Articles of Organization is Suncoast Advanced Surgeons, PLLC.

L10000042275

SECOND:

The Articles of Organization for Suncoast Advanced Surgeons, PLLC contains one (1) incorrect statement, detailed below:

The 1st incorrect statement is: **Suncoast Advanced Surgeons, PLLC**

Reason: **The word "Surgeons" should be "Surgery"**

Corrected Statement: **Suncoast Advanced Surgery, PLLC**

Dated: April 21, 2010



**Sheada Madani, Esquire
Johnson, Auvil, Brock & Wilson, P.A.
Post Office Box 2337
Dade City, FL 33526-2337
Incorporator and Attorney for
Suncoast Advanced Surgery, PLLC**

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000042275
FILED 8:00 AM
April 20, 2010
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
SUNCOAST ADVANCED SURGEONS, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
10441 QUALITY DRIVE
SUITE 301
SPRING HILL, FL. US 34609

The mailing address of the Limited Liability Company is:
10441 QUALITY DRIVE
SUITE 301
SPRING HILL, FL. US 34609

Article III

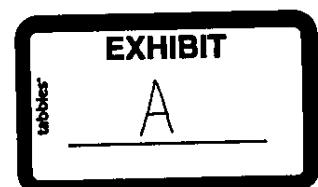
The purpose for which this Limited Liability Company is organized is:
THE PURPOSE FOR WHICH THE COMPANY IS ORGANIZED IS TO ENGAGE
IN AND CARRY ON THE PRACTICE OF MEDICINE IN THE STATE OF
FLORIDA, AND ALL ACTIVITIES INCIDENT THERETO, HAVING ALL OF
THE POWERS VESTED IN A LIMITED LIABILITY COMPANY ORGANIZED
BY V

Article IV

The name and Florida street address of the registered agent is:
SHEADA MADANI ESQUIRE
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL. 33525

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, 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 relating to the proper and complete performance
of my duties, and I am familiar with and accept the obligations of my
position as registered agent.

Registered Agent Signature: SHEADA MADANI



Article V

The name and address of managing members/managers are:

Title: MGRM
NITIN BABEL MD
14535 BRUCE B. DOWNS BOULEVARD, APT 1227
TAMPA, FL. 33613 US

Title: MGR
SURBHI JAIN MD
14535 BRUCE B. DOWNS BOULEVARD, APT 1227
TAMPA, FL. 33613 US

Article VI

The effective date for this Limited Liability Company shall be:

04/20/2010

Signature of member or an authorized representative of a member

Signature: SHEADA MADANI

L10000042275
FILED 8:00 AM
April 20, 2010
Sec. Of State
gmcleod

7