

L100000043986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

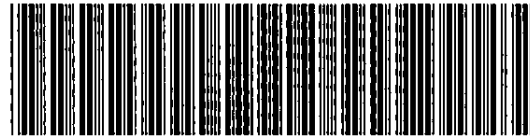
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

SEP. 22 2010

EXAMINER



000185485370



09/20/10--01017--004 **25.00

FILED
10 SEP 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FAIRCHILD ANESTHESIA 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:

BRUCE G. HERMELEE

Name of Person

HERMELEE GEFFIN, LLC

Firm/Company

101 NE 3RD AVENUE SUITE 1110

Address

FORT LAUDERDALE, FLORIDA 33301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE HERMELEE

Name of Person

at (**954**)

764-4445

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**

FAIRCHILD ANESTHESIA, 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 04/23/10 and assigned
Florida document number L10000043986.

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)

201 MONTGOMERY AVE.

SARASOTA, FLORIDA 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
10 SEP 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, Florida _____
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 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

ing the Managers or Managing Members on our records, enter the title, name, and address of each Manager
ing Member being added or removed from our records:

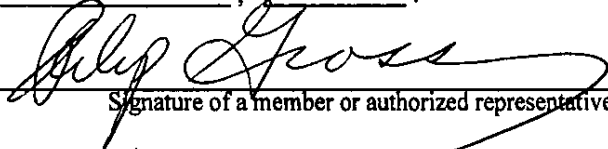
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------|---|--|
| <u>MGRM</u> | <u>GROSSMAN, PHILIP MD</u> | <u>1321 NW 14TH STREET SUITE 101</u> <u>MIAMI, FLORIDA 33125</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>MGRM</u> | <u>BRAND, BARRY MD</u> | <u>6140 SW 70TH STREET 2ND FLOOR</u> <u>MIAMI, FLORIDA 33143</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>MGRM</u> | <u>LANOFF, ROBERT MD</u> | <u>6140 SW 70TH STREET 2ND FLOOR</u> <u>MIAMI, FLORIDA 33143</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>MGRM</u> | <u>ROSEN, SETH MD</u> | <u>6140 SW 70TH STREET 2ND FLOOR</u> <u>MIAMI, FLORIDA 33143</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>MGRM</u> | <u>ROSENKRANZ, NEIL MD</u> | <u>6140 SW 70TH STREET 2ND FLOOR</u> <u>MIAMI, FLORIDA 33143</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>MGRM</u> | <u>PRICE, STEVEN MD</u> | <u>1321 NW 14TH STREET SUITE 101</u> <u>MIAMI, FLORIDA 33125</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated SEPTEMEBER 3RD, 2010



Signature of a member or authorized representative of a member

Typed or printed name of signee

FAIRCHILD ANESTHESIA LLC
DOCUMENT NUMBER: L10000043986
(Attachment to Articles of Amendment to Articles of Organization)

September 3, 2010

MANAGING MEMBERS

Paul Fishbein, M.D., MGRM
8950 North Kendal Drive, Suite 506
Miami, Florida 33176

Ronald Stauber, M.D., MGRM
7400 N. Kendall Drive, Suite 210
Miami, Florida 33156

Vicente Lago, M.D., MGRM
351 LeJeune Road
Miami, Florida 33126

Pedro Morales, M.D., MGRM
8200 S.W. 117th Avenue, Suite 110
Miami, Florida 33183