

L100000682549

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

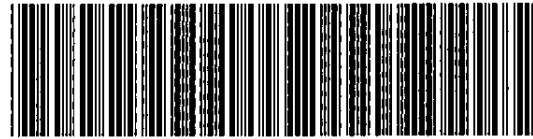
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/20/10--01004--006 **25.00

06/30/10--01004--014 **100.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -5 PM 12:08

T. HAMPTON

AUG -6 2010

EXAMINER

85512-016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anesthesia To Go, PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Robinson, MD

Name of Person

Firm/Company

1708 SW 27th Place

Address

Ocala, Florida, 34471

City/State and Zip Code

mustang6374@yahoo.com

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

For further information concerning this matter, please call:

Patrick Robinson

Name of Person

at (386) 237-7150

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 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

Patrick Robinson, MD
1708 SW 27th Place
Ocala, FL 34471
(386)237-7150
Mustang6374@yahoo.com

Tammy Hampton
Regulatory Specialist
Florida Department of State
Division of Corporations

Ref#: W10000031338

Ms Hampton,

Please find enclosed a copy of the letter that I received from you regarding my attempt to register an out of state LLC in Florida under the name Patrick Robinson, LLC. I wish to withdraw that application and use the fees paid already to form a new PLLC.

I am a physician here in Florida and have enclosed a copy of my medical license for verification of my ability to form a PLLC. Also please find the Articles of Formation for this new PLLC which I have modified to include in Article VI the purpose of the PLLC.

If there is anything else that I can do please do not hesitate to contact me, especially if I have completed a form incorrectly, etc.

Thank you!



Patrick Robinson, MD



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL 19 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 12, 2010

PATRICK ROBINSON
1708 SW 27TH PLACE
OCALA, FL 34471

SUBJECT: PATRICK ROBINSON, LLC
Ref. Number: W10000031338

We have received your document for PATRICK ROBINSON, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 810A00016074



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 AUG -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 20, 2010

PATRICK ROBINSON
107 SW 27TH PLACE
OCALA, FL 34471

SUBJECT: PATRICK ROBINSON, LLC
Ref. Number: W10000031338

We have received your document for PATRICK ROBINSON, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The document number of the name conflict is

L02000016132 (PATRICK & ROBINSON, L.L.C.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00017490

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Professional Limited Liability Company is: **Anesthesia To Go, PLLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

Principal Office Address: 1708 SW 27th Place, Ocala, Florida, 34471

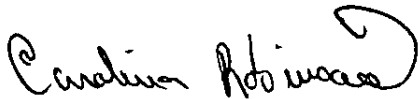
Mailing Address: 1708 SW 27th Place, Ocala, Florida, 34471

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Carolina Robinson, 1708 SW 27th Place, Ocala, Florida, 34471

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 as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Patrick Robinson, MD 1708 SW 27 th Place Ocala, Florida, 34471

ARTICLE V: The effective date shall be the date of filing.

ARTICLE VI: The purpose of the Professional Limited Liability Company shall be to provide anesthesia services by the licensed managing member and physician, Patrick Robinson, MD.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Patrick Robinson, MD

Typed or printed name of signee