L10000089897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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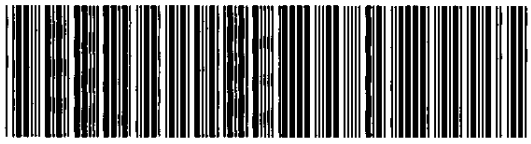
EXAMINER



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10 SEP 28 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: National Anesthesia Providers, 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:

Jennifer Lieberman
Name of Person

National Pain Institute
Firm/Company

5365 W. Atlantic Ave., Suite 504
Address

Delray Beach, FL 33484
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Lieberman at (561) 241-9300 x1030
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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

National Anesthesia Providers, 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 August 26, 2010 and assigned Florida document number L10000089897.

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5365 W. Atlantic Avenue, Suite 504
Delray Beach, FL 33484

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

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

Title	Name	Address	Type of Action
MGRM	Zipper, Jeffrey A M.D.	5365 W. Atlantic Ave Suite 504A Delray Beach FL 33484	☐ Add ☑ Remove
MGRM	National Surgical Centers of America, LLC	5365 W. Atlantic Ave Suite 504A Delray Beach FL 33484	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated September 24, 2010.

Signature of a member or authorized representative of a member

Jeffrey A. Zipper, M.D.
Typed or printed name of signee

Filing Fee: $25.00