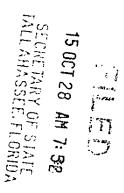
# L110000 70f66





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OCT 29 2015 J SHIVERS



October 22, 2015

STEVEN WOODRING 215 AIRPORT RD S NAPLES, FL 34104

SUBJECT: MOBILE ANESTHESIA SOLUTIONS LLC

Ref. Number: L11000030866

We have received your document for MOBILE ANESTHESIA SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00022359

## Steven Woodring, DO

1007 Tivoli Dr.

P: 239-349-2604

Naples, FL

F: 888-298-4996

To: Justin

Date: 10/26/2015

Fax: 8502456030

Pages: 8

Subject: Name change - letter of authorization

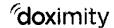
The entity requesting the name change is Mobile Anesthesiologists of Florida, LLC, and the document number is L11000030866.

The entity granting permission is Mobile Anesthesia Solutions, Inc., document number P10000066583.

Please let me know if you require any further information. I can be contacted either via email at yourzzzdoc@gmail.com, or my cell at (239) 877-2951.

Thank you,

Steven F. Woodring, DO President



#### **COVER LETTER**

Division of Corporations					
SUBJECT: Mobile And the siologists of Florida 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:					
Steren F. Weadring, DO Name of Person					
Mobile Anesthesiclogists of Florida, Inc.					
215 Airport Rd. South Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Steven F. Woodring, Do at (239) 877-295/ Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

Registration Section

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

(Name of the Limited Liability Company (A Florida Limited Liab	sts of Florida LLC as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on March 11, 2011 and assigned
Florida document number <u>L 110000308/.(.</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	ing LLC
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Naples, FL 34104
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 37104
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Noples FL 34104
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, enter the pame of he new
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Ambulatory Management	8420 W. Brys Mayor Ave.	D Add
	Solutions, LLC	Suite 300	Remove
		Ch.cago, IL (10631	Change
AMBR	Scott Mayer	8420 W. Bryo Mour Au	Add
		Suite 300	Remove
		Chicago, IL 60031	Change
AMBR	Joshua Gantz	8420 W. Bryn Mans A	<u>v∕e.</u> □ Add
		Chicago, IL 60631	D Change 5
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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E. Effective date, if other than the date of filing: (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put	rsuan⊈to 6	050207	(3)(p) [
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.		isteo as t	ne )
	DE.	75 75	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b). The 90th day after the record is filed.	the ear	lier of:	
Dated October 14/4 . 2015.			
Dated October 1444 . 2015 .  Signature of a member or authorized representative of a member			
Signature of a member or authorized representative Tra member			
Steven F. Wook Time Do  Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00