

L110000 30866

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.  
Naples, FL

P: 239-349-2604  
F: 888-298-4996

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**To:** Justin  
**Fax:** 8502456030  
**Subject:** Name change - letter of authorization

**Date:** 10/26/2015  
**Pages:** 8

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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

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TALLAHASSEE, FLORIDA



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## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Mobile Anesthesiologists 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:

Steven F. Woodring, D.O.  
Name of Person

Mobile Anesthesiologists of Florida, Inc.  
Firm/Company

215 Airport Rd. South  
Address

Naples, FL 34104  
City/State and Zip Code

your222doc@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven F. Woodring, D.O. at ( 239 ) 877-2951  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Mobile Anesthesiologists of Florida, 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 March 11, 2011 and assigned Florida document number L 11000030866.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Mobile Anesthesia Solutions, 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:

(Principal office address MUST BE A STREET ADDRESS)

215 Airport Rd. South

Naples, FL 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

215 Airport Rd. South

Naples, FL 34104

**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

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TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ambulatory Management Solutions, LLC	8420 W. Bryn Mawr Ave.	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Chicago, IL 60631	<input type="checkbox"/> Change
AMBR	Scott Mayer	8420 W. Bryn Mawr Ave.	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Chicago, IL 60631	<input type="checkbox"/> Change
AMBR	Joshua Grantz	8420 W. Bryn Mawr Ave.	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Chicago, IL 60631	<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**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.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 14<sup>th</sup> . 2015

Signature of a member or authorized representative of a member

Steven F. Woodring, DC  
Typed or printed name of signee

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**Filing Fee: \$25.00**