

L11000048058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

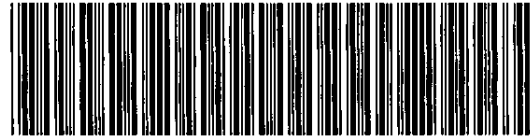
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRYAN

JUN 22 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2012

CHARLES CONZENTINO, PRESIDENT
AMBULATORY SURGICAL CONSULTANTS OF SOUTH
1905 CLINT MOORE ROAD
BOCA RATON, FL 33496

SUBJECT: AMBULATORY SURGICAL CONSULTANTS OF SOUTH FLORIDA
LLC

Ref. Number: L11000048058

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMBULATORY SURGICAL CONSULTANTS OF SOUTH FLORIDA, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

The fee to file Annual Report is \$538.75

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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 312A00016963

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMBULATORY SURGICAL CONSULTANTS OF SOUTH FLORIDA,
Name of Limited Liability Company

LLC

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

CHARLES CONZENTINO, PRESIDENT

Name of Person

Ambulatory Surgical Consultants of South Florida,
Firm/Company

1905 CLINT MOORE ROAD

Address

BOCA RATON, FL 33496

City/State and Zip Code

JT@PSC1.CC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CHARLES CONZENTINO

Name of Person

at (732)

458-6893

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$100 Filing Fee ☐ \$105 Filing Fee & Certificate of Status ☐ \$130 Filing Fee & Certified Copy ☒ \$135 Filing Fee, Certificate of Status & Certified Copy

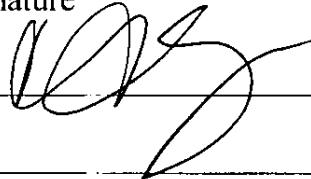
**ARTICLES OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is *Ambulatory Surgical Consultants*
2. The document number of the company is L11000048058 *of South*
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was 06/12/2012 *Florida, LLC*
4. The revocation of dissolution was authorized in the same manner as the dissolution on 06/13/2012.

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature



Typed or Printed Name

CHARLES CONZENTINO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$100.00