

#L120000289/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED  
12 MAR 20 AM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 22 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VVG ANESTHESIA ASSOCIATE LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

LORNA TRACEY

Name of Person

PATRACE ACCOUNTING & TAXES

Firm/Company

8369 SW 25 COURT

Address

MIRAMAR FLORIDA 33025

City/State and Zip Code

LORNATRACEY@HOTMAIL.COM

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

For further information concerning this matter, please call:

LORNA TRACEY

Name of Person

at ( 954 )

290-8047

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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED  
12 MAR 20 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
VVG ANESTHESIA ASSOCIATE LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE III - THE STATEMENT DID NOT COMPLETELY IDENTIFY

ORGANIZATION'S PURPOSE.

( SEE ATTACHMENT)

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: MARCH 14TH, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

LORNA TRACEY

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

ARTICLE III

DELETE:

PERFORM PRE-ANESTHESIA ASSESSMENT INCLUDING EVALUATION OF THE PATIENT, APPROPRIATE DIAGNOSTIC STUDIES AND DEVELOPING AN ANESTHESIA PLAN. PRE-ANESTHESIA ADMINISTRATION OF MEDICATIONS AND FLUIDS AS AUTHORIZED BY THE SUPERVISING PHYSICIAN.

ADD:

PERFORM PRE-ANESTHESIA ASSESSMENT, DIAGNOSTIC EVALUATIONS, AND DEVELOPMENT OF APPROPRIATE ANESTHESIA PLAN; ADMINISTRATION AND MANAGEMENT INTRAOPERATIVE GENERAL ANESTHESIA, TOTAL INTRAVENOUS ANESTHESIA, MONITORED ANESTHESIA CARE, AND CONSCIOUS SEDATION. MANAGEMENT OF EMERGENCE AND POST-OPERATIVE CARE.