

# L13000047351

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

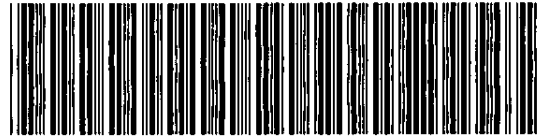
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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13 APR 18 PM 1:44

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13 APR 18 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 19 2013  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 590215 7931767

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : March 29, 2013

ORDER TIME : 1:01 PM

ORDER NO. : 590215-011

CUSTOMER NO: 7931767

DOMESTIC AMENDMENT FILING

NAME: SUNSHINE ANESTHESIA GROUP, LLC

EFFECTIVE DATE:

XX ARTICLES OF CORRECTION  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

13 APR 18 AM 8:44

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:  
Sunshine Anesthesia Group, LLC

L13000047351

**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:

☒ The name of member BARKAR, SOUNDARAPANDIA is incorrectly spelled. The correct statement is MGRM: BASKAR, SOUNDARAPANDIAN

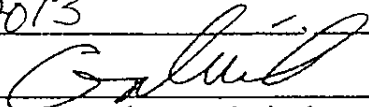
☒ The name of member HUYNH, TRI is incorrectly spelled.  
The correct statement is MGRM: Huynh, Tri

**OR**

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

Dated:

4/11/2013

  
Signature of a member or authorized representative of a member  
NEHME GABRIEL

Typed or printed name of signer

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

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L13000047351  
FILED 8:00 AM  
April 01, 2013  
Sec. Of State  
thampton

**Article I**

The name of the Limited Liability Company is:

SUNSHINE ANESTHESIA GROUP, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

10900 SE 174TH PLACE ROAD  
SUMMERFIELD, FL. 34491

The mailing address of the Limited Liability Company is:

10900 SE 174TH PLACE ROAD  
SUMMERFIELD, FL. 34491

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DEB REEVES

## Article V

The name and address of managing members/managers are:

Title: MGRM  
NEHME GABRIEL  
10900 SE 174TH PLACE ROAD  
SUMMERFIELD, FL. 34491

Title: MGRM  
SOUNDARAPANDIA BARKAR  
10900 SE 174TH PLACE ROAD  
SUMMERFIELD, FL. 34491

Title: MGRM  
MUNI PADMAN  
10900 SE 174TH PLACE ROAD  
SUMMERFIELD, FL. 34491

Title: MGRM  
TRI HUYNG  
10900 SE 174TH PLACE ROAD  
SUMMERFIELD, FL. 34491

Signature of member or an authorized representative of a member

Electronic Signature: NEHME GABRIEL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L13000047351  
FILED 8:00 AM  
April 01, 2013  
Sec. Of State  
thampton