

Division of Corporations

Page 1 of 2

L15000141104

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.
Account Number : I20150000047
Phone : (239) 205-2225
Fax Number : (239) 205-2016

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: royston@rroystonlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ST. JOHN'S ANESTHESIA SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT -4 PM 3:56

FILED

2018 OCT -4 PM 12:39

(((H18000289042 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ST. JOHN'S ANESTHESIA SERVICES, 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 August 21, 2015 and assigned
Florida document number L15000141104

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability company here:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

MARK L. QUIGLEY

New Registered Office Address:

8901 Conference Drive

Enter Florida street address

Fort Myers

City

Florida 33919

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 603, 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

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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>
MBR	HIRSCH, JOHN	12548 Lake Denise Blvd.	<input type="checkbox"/> Add
		Clermont, FL 34711-6854	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ZOLLA, RONALD	1 Succ Dr.	<input type="checkbox"/> Add
		Portsmouth, NH 03801	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	QUIGLEY, THOMAS, MD	6331 Tidewater Island Circle	<input type="checkbox"/> Add
		Fort Myers, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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~~(S) (U) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)~~

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

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October 1, 2018

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 September 28, 2018

Signature of a

Thomas Quigley, MD, Authorized Member

Typed or printed name of signer

~~(Total: \$25.00)~~

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