

From:

09/21/2016 8:30:35 PM 001/004

L16000167218

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000233950 3)))



H160002339503ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : ALLEN DELL, P.A.
Account Number : 120040000136
Phone : (813)223-5351
Fax Number : (813)229-6682

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

Email Address: jrugg@allendell.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SURGICAL CENTER OF CENTRAL FLORIDA, LLC**

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

2016 SEP 21 AM 10:38

ALLIANCE SURGICAL CENTER

2016 SEP 21 AM 10:38
ALLIANCE SURGICAL CENTER

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

SEP 22 2016

Y SULKER

From:

09/21/2016 08:33 #635 P.002/004

((H16000233950 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURGICAL CENTER OF CENTRAL FLORIDA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JOSEPH RUGG

Name of Person

ALLEN DELL, P.A.

Firm/Company

202 SOUTH ROME AVENUE, SUITE 100

Address

TAMPA, FLORIDA 33606

City/State and Zip Code

jrugg@allendell.com

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

For further information concerning this matter, please call:

JOSEPH RUGG

Name of Person

at (813) 769-3941

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

CR2E062 (9/15)

((H16000233950 3)))

From:

09/21/2016 06:33

#635 P.003/004

((H16000233950 3)))

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: _____

SURGICAL CENTER OF CENTRAL FLORIDA, LLC

SECOND: The Florida Document number of the limited liability company is: L16000167218

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(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 CORRECT ZIP CODE FOR THE MAILING ADDRESS IS 33803:

3221 SOUTH FLORIDA AVENUE

LAKELAND, FL 33803

OR



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

OR



The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

9/13/2016

16 SEP 21 AM 10:08
RECEIVED
FLORIDA

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

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

((H16000233950 3)))