

L17000237471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Called 3-13-19*

Office Use Only



100325272681

02/27/19--01018--010 \*\*35.00

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2019 MAR 13 PM 6:36

FILED

*3-19-19*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SurgCenter Clearwater LLC

Name of Corporation

DOCUMENT NUMBER: L17000237471

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

Please return all correspondence concerning this matter to the following:

Robin Evans

Name of Contact Person

SurgCenter Clearwater LLC

Firm/Company

980 Milwaukee Ave

Address

Dunedin, FL 34698

City/State and Zip Code

revans@scdunedin.com

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

For further information concerning this matter, please call:

Robin Evans

Name of Contact Person

at ( 813 ) 990-7787

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF CORRECTION

For

**SurgCenter Clearwater LLC**

Name of Corporation as currently filed with the Florida Dept. of State

**L17000237471**

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **FEIN number, Registered Agent**  
(Document Type Being Corrected)

filed with the Department of State on **11/16/2017**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

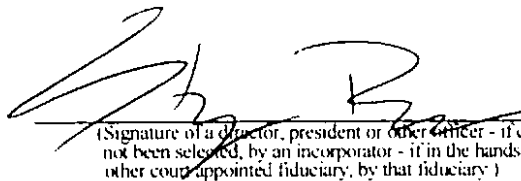
**The FEIN is incorrect.**

Correct the inaccuracy, incorrect statement, or defect:

**The correct FEIN number should reflect: 82-3682684**

2019 MAR 13 PM 6:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

**Stacey Berner**  
(Typed or printed name of person signing)

**Mbr**  
(Title of person signing)

Filing Fee: \$35.00