

L17000243601

Florida Department of State
Division of Corporations
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Account Number : FCA000000023
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHYSICIANS DAY SURGERY CENTER, LLC

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Help

S. WARREN
DEC 01 2017

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17 NOV 30 AM 9:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physicians Day Surgery Center, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jacqueline Bain, Esq.

Name of Person

The Florida Healthcare Law Firm

Firm/Company

959 SE 5th Avenue, Suite 200

Address

Delray Beach, Florida 33483

City/State and Zip Code

jackie@floridahenithcarelawfirm.com

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

For further information concerning this matter, please call:

Jacqueline Bain

561 455-7700
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Physicians Day Surgery Center, 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 11/28/2017 and assigned
Florida document number L17000243601.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

same

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:

same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

same

(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:

same

New Registered Office Address:

Enter Florida street address

Florida

City

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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17 NOV 30 AM 9:00
CLERK OF STATE
TREASURY, FLORIDA

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

Title	Name	Address	Type of Action
AMBR	PDSC Physicians, Inc.	850 111TH AVE NORTH	<input checked="" type="checkbox"/> Add
		COVENTRY SQUARE	<input type="checkbox"/> Remove
		NAPLES, FL 34108	<input type="checkbox"/> Change
AMBR	BELLO, STEVEN L	1879 VETERANS PARK DR	<input type="checkbox"/> Add
		NAPLES, FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORDAN, JACOB H	2335 TAMiami TRAIL N	<input type="checkbox"/> Add
		STE 501	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34103	<input type="checkbox"/> Change
AMBR	WARNER, JUSTIN	2335 TAMiami TRAIL N	<input type="checkbox"/> Add
		STE 501	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34103	<input type="checkbox"/> Change
AMBR	MEAD, LEON P	681 GOODLETTE RD N STE 160	<input type="checkbox"/> Add
		NAPLES, FL 34102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MEAD, LEON P	730 GOODLETTE RD N STE 201	<input type="checkbox"/> Add
		NAPLES, FL 34102	<input checked="" type="checkbox"/> Remove
		SEE ATTACHED	<input type="checkbox"/> Change

FILED
17 NOV 30 AM 9:00
CLERK OF DISTRICT COURT
NAPLES, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PHYSICIANS DAY SURGERY CENTER, LLC

C. CONTINUED

AMBR Burmeister, Todd 13723 Luna Drive Naples, FL 34109	REMOVE
AMBR Jan Forszpaniak, M.D. 6901 Pelican Bay Boulevard, #602 Naples, FL 34108	REMOVE
AMBR Herbert S. Gates, M.D. 2055 Swainsons Road Naples, FL 34105	REMOVE
AMBR Michael Havig, M.D. 2550 Coach House Lane Naples, FL 34105	REMOVE
AMBR E. Sean Kelley, M.D. 600 Portside Drive Naples, FL 34103	REMOVE
AMBR Thomas Magardino, M.D. 2323 Tarpon Road Naples, FL 34102	REMOVE
AMBR Saurabh Patel, M.D. 24101 Tuscany Court Bonita Springs, FL 34134	REMOVE
AMBR Alyosha Tunkle, M.D. 656 Hickory Road Naples, FL 34108	REMOVE

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FALLSBURGH, FLORIDA

NOV. 29. 2017 3:40PM