Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	
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	Account Name : C T CORPORATION SYSTEM	•==
	Account Number : FCA00000023	<u>.</u>
	Phone : (512) 418-6949	
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*Bnter tr	ne email address for this business entity to be	a dadd for knour
annu	al report mailings. Enter only one email addre	ss please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHYSICIANS DAY SURGERY CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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S. WARREN DEC 0 1 2017

COVER LETTER

	Registration Sec Division of Corp			
arm ma		Day Surgery Center, LLC		
SUBJEC	:T:	Name of Limit	ed Liability Company	
The encle	osed Articles of .	Amendment and rec(s) are sub-	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	o the following:	
		Jacqueline Bain, Esq.		
			Name of Person	
		The Florida Healthcore Lav	r Firm	
			Firm/Compuny	
		909 SE 5th Avenue, Suite 2	00	
			Address	
		Delray Beach, Florida 3348	33	
			City/State and Zip Code	
		jackie@floridahealthcarelaw	firm.com o be used for future annual report	and treation)
				mms.cacrosty
For furth	icr information c	oncerning this matter, please co	ii:	
Jacqueli	ne Bain		561 455-770 at ()	
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$ 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is evoluted)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assec, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Physicians Day Surgery Center, LLC	C	.I	
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our records.) Cability Company)	
The Articles of Organization for this Limited Li		were filed on 11/28/2017	and assigned
Porida document number L17000243601	·		
his amendment is submitted to amend the follo	owing:		
a. If amending name, enter the new name of	the limited liab	oility company here:	
same			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	same	
Principal office address MUST BE A STREE	T 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 o	office address on our records, e	nter the name of the
registered agent and/or the new registered of	ffice address he	<u>(e</u> :	
Name of New Registered Agent:	same		
New Registered Office Address:			
		Enter Florida street address	
		, Floric	la Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>;</u>	
I hereby accept the appointment as registers	ed agent and ag	ree to act in this capacity. I furth	er agree to comply with

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
Page 1 of 3

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>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	PDSC Physicians, Inc.	850 111TH AVE NORTH	= Add
		COVENTRY SQUARE	□ Remove
		NAPLES, FL 34108	
AMHR	Bello, Steven L	1879 VETERANS PARK DR	
		NAPLES, FL 34109	
AMBR	JORDAN, JACOB H	2335 TAMIAMI TRAIL N	
		STE 501	≅ Remove
		NAPLES, FL 34103	
AMBR	WARNER, JUSTIN	2335 TAMIAMI TRAIL N	
		STE 501 ;	Remove
		NAPLES, FL 34103	Change
AMBR	MEAD, LEON P	681 GOODLETTERD'N STE 160	
		NAPLES, FL 34102	E 12
			☐ Change
AMBR	MEAD, LEON P	730 GOODLETTE RD N STE 201	🗖 Add
		NAPLES, FL 34102	- Remove
		SEE ATTACHED	7 2 1100 2 00 <u>200</u> 00
			\sim \sim \sim

To:

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

C. CONTINUED

AMBR Burmeister, Todd 13723 Luna Drive REMOVE

Naples, FL 34109

AMBR Jan Forszpaniak, M.D.
6001 Pelican Bay Boulevard, #60

REMOVE

6001 Pelican Bay Boulevard, #602 Napies, FL 34108

AMBR Herhert S. Gates, M.D. 2055 Swainsons Road REMOVE :

Naples, FL 34105

AMBR Michael Havig, M.D. 2550 Coach House Lane REMOVE

Naples, FL 34105

AMBR E. Senn Kelley, M.D. 600 Portside Drive

REMOVE

600 Portside Drive Naples, FL 34103

AMBR Thomas Magardino, M.D.

REMOVE

2323 Tarpon Road Naples, FL 34102

AMBR Saurabh Patel, M.D.

REMOVE

24101 Tuscany Court Bonita Springs, FL 34134

AMBR Alyosha Tunkle, M.D.

REMOVE

656 Hickory Road Naples, FL 34108

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. If amending any other information,	enter change(s) here: (Attach additional sheets, if recessory.)	: 51	
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