L22000360137

(Requestor's Name)	
(Address)	
(Address)	İ
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500392828305

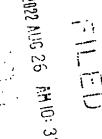
Statement of Correction & N/C

08/29/22--01001--023 *•55.00

2022 AUG 26 PH 2: 28

PH 2: 28

A RAMSEY AUG 29 2022



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ASC PHYSICIAN I	LLC			
-			-	
				Art of Inc. File
				LTD Partnership File
			<u> </u>	Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			<u> </u>	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
		7	Cert. Copy	
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<u> </u>	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
		}		Fictitious Search
Signature			Fictitious Owner Search	
				Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
Name	Date	Time		UCC !! Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

	ision of Corp								
SUBJECT:	ASC PHYS	ICIAN LLC							
SUBJECT		Name of Limited Liability Company							
Dear Sir or N	Madam:								
The enclosed	d Statement o	f Correction and fee(s)	are submitted for filir	ng.					
Please return	all correspon	ndence concerning this	matter to the following	og:					
Cynthia Barr	nett Hibnick,	Esq.							
		Name of Person							
Lubell Roser	n LLC								
		Firm/Company							
1 Alhambra	Plaza, Suite !	410							
		Address		_					
Coral Gables	s, Florida 331	34							
	Cit	y/State and Zip Code	··	_					
cbh@lubellr	osen.com								
E-mail	address: (to b	oe used for future annua	report notification)						
For further in	nformation co	ncerning this matter, pl	ease call:						
Cynthia Barr	nett Hibnick,	Esq.	305 at (671-7771					
	Name of	Person	Area Code	Daytime Telephone Number					
Reg Div P.O	iling Address gistration S vision of Co D. Box 6327 lahassee, F	ection orporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a	check for th	re following amount:							
□\$25 Filing	Fee [\$30 Filing Fee & Certificate of Status	≣\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	int to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: ASC PHYSICIAN LLC
SECO THIRI	Anielan Constitution
	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
œ	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	1. The name of the company was submitted incorrectly as "ASC Physician LLC".
	The correct name of the company is "ASC Physicians LLC". 2. The registered agent name was not the complete name.
	It was filed as Cynthia Barnett and the complete name is Hibnick, Cynthia Barnett.
٥	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. Y - 100 12 10 20 5 6 00 22 2022 Signature of Authorized Representative Date
Signatur accepting	of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign the designation).
nereby rovision bligatio	istered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the as of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing ange. Registered Agent's Signature

Filing Fee: Certified Copy:

\$25,00

\$30.00 (optional)