

MO6 000001436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

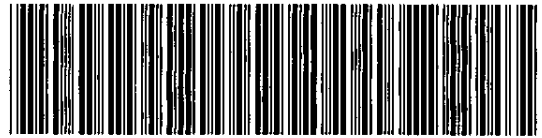
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR -9 AM 11:05

FILED

S. HAWKES

MAR 10 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOURNEY LITE OF WEST FLORIDA, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEVANAND MANGAR

(Name of Person)

Florida Gulf-to-Bay Anesthesiology Associates, P.A.

(Firm/Company)

1 TAMPA GENERAL CIRCLE, SUITE A327

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Marc Chambers at ( 813 ) 258-3444 extension 331

(Name of Person)

(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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: JOURNEY LIFE OF WEST FLORIDA, LLC
2. Jurisdiction of its organization: DELAWARE MO6-1636
3. Date authorized to do business in Florida: 03/21/2006

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TALLAHASSEE, FLORIDA

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 02/26/2009
5. New name of the limited liability company: North Tampa Outpatient Surgical Facility, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
\_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

**Devanand Mangar (for managing member)**

Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "JOURNEY LITE OF WEST FLORIDA, LLC", CHANGING ITS NAME FROM "JOURNEY LITE OF WEST FLORIDA, LLC" TO "NORTH TAMPA OUTPATIENT SURGICAL FACILITY, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2009, AT 2:54 O'CLOCK P.M.

FILED  
09 MAR -9 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4124162 8100

090206350

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7158322

DATE: 02-26-09

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:04 PM 02/26/2009  
FILED 02:54 PM 02/26/2009  
SRV 090206350 - 4124162 FILE

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

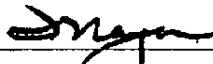
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Liability Company: JOURNEY LITE OF WEST FLORIDA, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Company is changed to:  
NORTH TAMPA OUTPATIENT SURGICAL FACILITY, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 26th day of February, A.D. 2009.

By:   
Authorized Person(s)

Name: Devanand Mangar (for MGR)  
Print or Type