

1/31/2014 10:44:44 From: To: 8:05:63:3

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of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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Foreign Limited Liability Company
FAIR OAKS ANESTHESIA ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04 0
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(2/6)

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1/28/2014 8:25:39 AM PAGE

1/001

Fax Server



January 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: FAIR OAKS ANESTHESIA ASSOCIATES, LLC
REF: W14000005437

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : FAIR OAKS ANESTHESIA ASSOCIATES OF FLORIDA, LLC, document number L13000175741.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000015552
Letter Number: 214A00001806

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14 JAN 31 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT

Please re-submit the document
date of submission 1/21

P.O BOX 6327 - Tallahassee, Florida 32314

FAIR OAKS ANESTHESIA ASSOCIATES OF FLORIDA, LLC
3998 Fair Ridge Drive, Suite 300
Fairfax, VA 22033

January 28, 2014

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Consent to use similar name

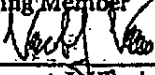
Dear Sir or Madam:

Please accept this letter as consent from the member of Fair Oaks Anesthesia Associates of Florida, LLC to allow Fair Oaks Anesthesia Associates, LLC to qualify in Florida using a similar name.

Sincerely,

Fair Oaks Anesthesia Associates of Florida, LLC

By: Fair Oaks Anesthesia Associates, LLC
Its Managing Member

By: 
Name: Vincent J. Vilasi
Title: President and Chief Executive Officer

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Fair Oaks Anesthesia Associates, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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 include "Limited Liability Company," "LLC," "LLC.")

2. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)

4. Upon Qualification.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3998 Fair Ridge Drive, Suite 300, Fairfax, VA 22033
(Street Address of Principal Office)

6. 3998 Fair Ridge Drive, Suite 300, Fairfax, VA 22033
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage the company, etc.:
Vincent J. Vilasi, Member, 3998 Fair Ridge Drive, Suite 300, Fairfax, VA 22033

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

X Alan D. Shapiro

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alan D. Shapiro

Typed or printed name of signee

FILED
14 JAN 21 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Fair Oaks Anesthesia Associates, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.

By: C T Corporation System

(Signature)

Madonna Cuddihy
Special Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That FAIR OAKS ANESTHESIA ASSOCIATES, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 31, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
January 17, 2014*

Joel H. Peck

Joel H. Peck, Clerk of the Commission