OCUMENT # Entity Name	L000000	11778				EΗ	EU			
AMBULATORY SURGERY CENTER OF THE FLORIDA KEYS), L		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
rincipal Place of Business		Mailing Address				01 SEP 25	PH 9: 44	,	·c/	
1428 N ROOSEVELT BLVD KEY WEST FL 33040		3428 N ROOSEVELT BL KEY WEST FL 33040	LVD					1	A.	
Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI I	4. FEI Number Applied For Not Applicable Not Applicable				
<u> </u>	untry	Zip	Country	′	5. Cert	ificate of Status D	esired 🗌	\$5.00 Ad Fee Require	ditional	
6. Name and	Address of Current Reg	lstered Agent		Name	7. Nam	e and Address o	f New Registers	d Agent		
CATANA, ELIZABET 3428 N ROOSEVEL KEY WEST FL 3304	LT BLVD		-		Street Address (P.O. Box Number is Not Acceptable)					
1/F1 44F01 1 F 000-	TV									
			-	City			F	Zip Cod	le	
	nits this statement for the	e purpose of changing it			egistered agent,	or both, in the Sta		Zip Cod	le	
The above named entity subm	nits this statement for the		ts registered	office or re	egistered agent,	·		<u> </u>	e	
The above named entity subm		tile if applicable. (NC) FILE N Make Check P	ts registered	office or re	required when reinsta 0.00 ent of State	·	ate of Florida.	<u> </u>	le	
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