

4/23/15 Apr. 23. 2015 1:37PM

**L03000038278**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000099636 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PARANET CORPORATION SERVICES, INC.  
Account Number : I20090000069  
Phone : (800)277-9977  
Fax Number : (800)815-0477

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SGenerotti@amsurg.com

2015 APR 23 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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15 APR 23 AM 10:00

LLC REGISTERED AGENT CHANGE  
SOUTH PALM AMBULATORY SURGERY CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Apr. 23, 2015 1:37PM

No. 2176 P. 2

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTH PALM AMBULATORY SURGERY CENTER, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN GENBROTTI

Name of Person

AMSURG CORP.

City/Company

LA BURTON HILLS BLVD.

Address

NASHVILLE, TN 37215

City/State and Zip Code

SGenbrotti@amsurg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIE LBIBA-PAUL

Name of Person

at 800 271-9977

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:

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\$25 Filing Fee

\$35 Filing Fee & Certified Copy

INHS18 (2/14)

