

2040000 69257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

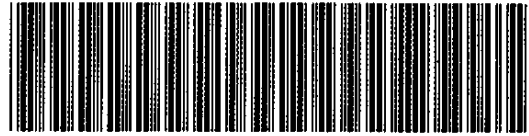
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TALLAHASSEE, FLORIDA

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[Signature]

ADVENTIST
HEALTH SYSTEM

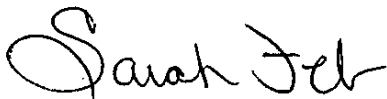
To Whom It May Concern:

Please process the enclosed filings. **If you should have questions or need to return confirmation documents please contact/mail:**

Sarah Feb
Adventist Health System
111 N. Orlando Avenue
Winter Park, Florida 32789

407-975-1494

Many thanks for your assistance.



Sarah Feb
Legal Department

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Celebration Surgery Center, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000069257

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Feb
(Name of Contact Person)

Adventist Health System
(Firm/Company)

111 N. Orlando Avenue
(Address)

Winter Park, Florida 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Feb at (407) 975-1495
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2006

SARAH FEB
111 N ORLANDO AVENUE
WINTER PARK, FL 32789

SUBJECT: CELEBRATION SURGERY CENTER LLC
Ref. Number: L04000069257

We have received your document for CELEBRATION SURGERY CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 906A00049343

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Celebration Surgery Center, LLC
2. The mailing address of the limited liability company is: 410 Celebration Place, Suite 408, Celebration, Florida 34747

- 9/22/04 3. Date of filing/registration in Florida
- L04000069257 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

F&L Corp. Name
One Independent Drive - Suite 1300
Address
Jacksonville, Florida 32202
City, State and Zip

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6. The name and address of the new registered agent and/or office:

David Alcober Name
410 Celebration Way, Suite 408
Florida street address (P.O. Box NOT acceptable)
Celebration FL 34747
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bryan Stiltz
(Signature of a member or authorized representative of a member)

Bryan Stiltz
(Printed or typed name of signee)

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 relative 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00