

L05000101544

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

L. SELLERS
FEB -7 2008
EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SURGERY CENTER AT UNIVERSITY PARK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Surgery Center at University Park, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 14, 2005 and assigned Florida document number LS0000101544

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability Company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	<u>CT Corporation System</u>
New Registered Office Address:	<u>1200 South Pine Island Road</u>
	<small>(Enter Florida street address)</small>
	<u>Plantation, Florida 33324</u>
	<small>(City) (Zip Code)</small>

New Registered Agent's Signature, if changing Registered Agent:

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.

Sarah A. Ayala
CT Corporation System
Assistant Secretary

(If Changing Registered Agent, Signature of New Registered Agent)

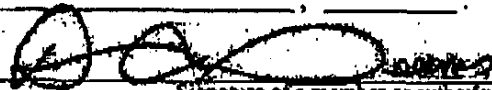
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Jonathon Adler, M.D.	15095 3rd Ave. W Bradenton, FL 34207	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Daniel Deems, M.D.	8451 Shade Avenue #107 Sarasota, FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Margerie Burness	8451 Shade Avenue #206 Sarasota, FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jacqueline Royce, DO	2401 University Park Suite 206, Building 1 Sarasota, FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 31, 2008


Signature of a member or authorized representative of a member
Daniel A. Deems, M.D., PhD
Typed or printed name of signee

Page 2 of 2

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