

206000019305

APR 23 2015 1:39PM

Division of Corporations

No. 2178 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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)815-8477

\*\*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

LLC REGISTERED AGENT CHANGE
BARDMOOR SURGERY CENTER, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$25.00).

15 APR 23 AM 10:00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials: JC 4/24

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No. 2178 P. 2  
(((H15000099657.3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BARDMOOR 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 GENEROTTI

Name of Person

AMSURG CORP.

Firm/Company

1A BURTON HILLS BLVD.

Address

NASHVILLE, TN 37215

City/State and Zip Code

SGenerotti@amsurg.com

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

For further information concerning this matter, please call:

NATALIE LEIBA-PAUL at ( 800 ) 277-9977  
Name of Person 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:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

IN1518 (2/14)

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Apr. 23. 2015 1:39PM

No. 2178 P. 3

((R15000099657 3))

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: BARDMOOR SURGERY CENTRE, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
8787 BYRAN DAIRY RD, SUITE 300  
LARGO, FL 33777  
02/15/2006

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
8452 118TH AVENUE NORTH  
LARGO, FL 33773  
L06000019305

3. Date of filing/registration in Florida 4. Document number

5. (a) SCOTT A KIZER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ATTENTION:LEGAL SERVICES DEPARTMENT  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
2983 DREW STREET  
CLEARWATER FL 33759

(b) NRAT Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation FL 33324

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.

*Claire M. Gulmi* CLAIRE M. GULMI  
 Signature of a member or authorized representative of a member Printed or typed name of signer

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 605, 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.

By: *Nelise Leiba-Paul* Nelise Leiba-Paul - Special Assistant Secretary  
 Signature of Registered Agent

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Division of Corporations • P.O. Box 6317 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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