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4/23/2015 1:48 PM

Division of Corporations

No. 2982 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)815-0477

APR 24 2015

R. WHITE

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

Email Address: SGenerott1@amsurg.com

LLC REGISTERED AGENT CHANGE
GLOBAL SURGICAL PARTNERS OF SARASOTA, L.L.C.

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

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15 APR 23 AM 10:11
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Apr. 23. 2015 1:48 PM

No. 2182 P. 2

((H15000099669 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL SURGICAL PARTNERS OF SARASOTA, L.L.C.
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.

Firm/Company

1A BURTON HILLS BLVD.

Address

NASHVILLE, TN 37215

City/State and Zip Code

SGenero8@amsurg.com

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

For further information concerning this matter, please call:

NATALIE LEBBA-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

INHS18 (2/14)

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Apr. 23. 2015 1:48PM

No. 2182 P. 3

((H15000099669 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: GLOBAL SURGICAL PARTNERS OF SARASOTA, L.L.C.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3059 GRAND AVENUE, SUITE 300 MIAMI, FL 33133 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1A BURTON HILLS BLVD NASHVILLE, TN 37215

3. Date of filing/registration in Florida 09/21/2006 4. Document number L06000093036

5. (a) JAY MARTUS Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1613 N. HARRISON PARKWAY, SUITE 200 SUNRISE, FL 33323

(b) NRAI 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

15 APR 23 AM 10:10 SPECIAL FILING STATE TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member CLARE M. QULMI Printed or typed name of 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 605, F.S. Or, if this document is being filed to effect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Natalia Leiba-Paul Signature of Registered Agent Natalia Leiba-Paul - Special Assistant Secretary ((H15000099669 3))

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