

8/1/2019

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filings
 Sheet

L19000168544

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**I.L.C REGISTERED AGENT CHANGE
 ST. AUGUSTINE ENDOSCOPY CENTER, I.L.C**

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AUG 06 2019

M. SOLOMON

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: ST. AUGUSTINE ENDOSCOPY CENTER, LLC
2. (a) 212 SOUTHPARK CIR EAST ST AUGUSTINE, FL 32086
(b) Mailing address of limited liability company: 212 SOUTHPARK CIR EAST ST AUGUSTINE, FL 32086
3. Date of filing/registration in Florida: 7/10/2019
4. Document number: L19000168544

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ONE INDEPENDENCE DR STE 2301
JACKSONVILLE, FL 32202

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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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.

Jenetha D Moran
Signature of a member or authorized representative of a member
Jenetha Moran, Officer of Member, National Surgery Center Holdings, Inc.
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: C T Corporation System
Signature of Registered Agent

By: Terrie Bates, Asst. Secy.
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00