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. (Ad	idress)		
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SECRETARY OF STATE OIVISION OF CORPORATIONS

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:	The Tamarac Endoscopy ASC, LL	<u>.c</u> .
2. The mailing address of the limited liability con		
Nashville, TN 37215		
02/11/00	M0000000273	
3. Date of filing/registration in Florida 4. Document nu		er
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on	the records of the
CT Corporation System		
	Name	
1200 South Pine Island	Rd.	
*	Address	_ =
Plantation, FL 33324		06 ×
	State and Zip	OF DEC
6. The name and address of the new registered agent and/or office:		C 26
NRAI Services, Inc.		PA RES
	Name 2731 Executive Park Drive, Suite 4	
Florida street address	(P.O. Box NOT acceptable)	3: 24
Weston	FL 33331	
City, St	tate and Zip	
If the limited liability company is not organized use confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or at the operating agreement of the limited liability confirmed that the confirmed that the operating agreement of the limited liability confirmed that the distribution of a member or authorized representative of a member of a memb	ade, the Florida street address of II be identical. Or, in the case of change(s) was/were authorized be as otherwise provided in the articipants.	the registered office a Florida limited by an affirmative vote of
Claire M. Gulmi (Printed or typed name of signee)		
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability NRAI Services. Inc.	pent and agree to act in this capa to the proper and complete perf s of my position as registered age iled to merely reflect a change in y company has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office or this change.
(Signature of Registered Agent) Stephanie Thomas. Special Asst. Secv.	O. Box 6327, Tallahassee, FL 3	2314

FILING FEE: \$25.00

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