## M00000000382

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)									
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	(Requestor's Name)								
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	(Address)								
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	(Address)								
PICK-UP WAIT MAIL  (Business Entity Name)									
(Business Entity Name)	(City/State/Zip/Phone #)								
	PICK-UP WAIT MAIL								
	(Business Entity Name)								
(Document Number)									
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JAN 2 9 2016 J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 25, 2016

Order#: 957055-297

Re: THE SURGERY CENTER OF OCALA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.	Na	me of the limited liability company: THE SURGERY	CENTER	R OF OCALA,	LLC	·		
2	(a)	3241 SW 34th Street	(b) 400 Burton Hills Boulevard					
~.	(4)	Principal office address of limited liability company:	(0)			ss of limited li	ability c	ompany:
		(Note: MUST BE STREET ADDRESS)			_	Y BE POST O	-	
				Suite 400				
			<del></del>					
		Ocala FL 34474		Nashville,	TN	37215		
		02/25/2000		M00000000	382			
3.		Date of filing/registration in Florida	4.			number		
_		C.T. Communities Country						
5.	(a)	100.000	L. 171: d- 1	D4 -664-4+1				
		Registered Agent and Registered Office shown on the records of the	ne riorida i	Dept. of State:				
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
						<b>→</b> :	2016	
			<del> </del>	<del></del>		7 - 19		Efi.u 1
		Plantation ,FL	33324			主 353 853		er, c >
							27	
	(b)	Corporation Service Company  Enter name of NEW Registered Agest and/or NEW Registered Office address:						***
		Enter hame of the W Registered Agent and/or the W Registered Office address.						
						25 S	$\ddot{\wp}$	
		1201 Hays Street				\$	تت	
		NEW Registered Office Address:						
		Tallahassee , FL	32301					
the ag	e cha ent v is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of	the regist bility cor f the limit	ered office an npany, it is he ted liability co	d the bureby company	isiness offic nfirmed tha	e of th t the cl	e registered nange(s)
m	aru	cles of organization or the operating agreement of the l	iimitea iii	ability compar	ıy.			
	(	100	Dona	Priebe, Autho				
		ure of a member or authorized representative of a member			•	ped name of s	_	
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the change in the registered office address, I have the change in the registered office address.	ee to act i performa I for in Ci ereby coi	in this capacit nce of my duti hapter 605, F. nfirm that the	y. I furi es, and S. Or, i limited	ther agree to I am familio if this docun liability con	o comp ar with nent is npany	ply with the and accept being filed has been
		Inace 2-Kuby						
Si	gnatu	e of Registered Agent Corporation Service Company	BY: Gra	ace E. Kirby,	Asst.	Vice Presid	lent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00