

m000000000 382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Availability	
Document	
Examiner	DCC
Udchner	DCC
Udner	
Vendor	DCC
Ac to Agreement	DCC
P. Ver/yer	DCC

Office Use Only



800009630198

12/31/02--01051--022 **425.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
02 DEC 31 PM 2:40

FILED
02 DEC 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

December 31, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5746611 SO
Customer Reference 1: 005757/57279
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

The Surgery Center of Ocala, LLC (TN)
Change of Agent
Florida

FILED
02 DEC 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**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 SURGERY CENTER OF OCALA, LLC

2. The mailing address of the limited liability company is : _____

40 Burton Hills Blvd., Suite 400, Nashville, TN 37215

02/25/2000

3. Date of filing/registration in Florida

M00000000382

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, Florida 32301-2525

City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

City, State and Zip

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.

Kenneth C Mitchell
(Signature of a member or authorized representative of a member)

Kenneth C Mitchell, VP
(Printed or typed name of signee)

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 608, 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.

Mary R. Adams
(Signature of Registered Agent)

MARY R. ADAMS
ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
02 DEC 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA