M04000001387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUN 20 PM 12:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JUN 20 2008
EXAMINER

FILED
08 JUN 20 PM 4:15
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 617772 7393971

AUTHORIZATION :

COST LIMIT : $ 25.00

FILED
08 JUN 20 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 19, 2008

ORDER TIME : 11:06 AM

ORDER NO. : 617772-010

CUSTOMER NO: 7393971

FOREIGN FILINGS

NAME: NOVAMED SURGERY CENTER OF ALTAMONTE SPRINGS, LLC

XX___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: NOVAMED SURGERY CENTER OF ALTAMONTE SPRINGS, LLC

2. Jurisdiction of its organization: DE

3. Date authorized to do business in Florida: 04/13/2004

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TALLAHASSEE, FLORIDA

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____

5. New name of the limited liability company: NOVAMED SURGERY CENTER OF ORLANDO, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

_____

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

_____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

SVP of Manager
Signature of a member or the authorized representative of a member

John W. Lawrence, Jr.
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NOVAMED SURGERY CENTER OF ALTAMONTE SPRINGS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NOVAMED SURGERY CENTER OF ORLANDO, LLC", THE NINETEENTH DAY OF JUNE, A.D. 2008, AT 3:04 O'CLOCK P.M.

3787973 8320

080712494

You may verify this certificate online at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6675137

DATE: 06-20-08