

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Feb 01, 2008
Secretary of State**

DOCUMENT# M04000002720

Entity Name: NOVAMED SURGERY CENTER OF FORT LAUDERDALE, LLC

Current Principal Place of Business:

New Principal Place of Business:

2540 N.E. NINTH STREET
FORT LAUDERDALE, FL 33304

Current Mailing Address:

New Mailing Address:

2540 N.E. NINTH STREET
FORT LAUDERDALE, FL 33304

FEI Number: 20-1344254 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANN R. SHILLING, ASST. VICE PRESIDENT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: NOVAMED ACQUISITION, COMPANY, INC.
Address: 980 NORTH MICHIGAN AVENUE, SUITE 1620
City-St-Zip: CHICAGO, IL 60611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN W. LAWRENCE, JR.

SVP

02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date