2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 29, 2011
Secretary of State

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Entity Name: BRASA SURGERY CENTER, LLC

Current Principal Place of Business:

8825 PERMIETER PARK BLVD., SUITE 101
JACKSONVILLE, FL 322161127

New Principal Place of Business:

8825 PERMIETER PARK BLVD., SUITE 101
JACKSONVILLE, FL 322161127 US

Current Mailing Address:

8825 PERMIETER PARK BLVD., SUITE 101
JACKSONVILLE, FL 322161127

New Mailing Address:

8825 PERMIETER PARK BLVD., SUITE 101
JACKSONVILLE, FL 322161127 US

FEI Number: 20-8097086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

WOLFE, IRENE
8825 PERMIETER PARK BLVD., SUITE 101
JACKSONVILLE, FL 322161127 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: IRENE WOLFE 06/29/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BRASA, LLC
Address: 8825 PERMIETER PARK BLVD., SUITE 101
City-St-Zip: JACKSONVILLE, FL 322161127 US

I hereby 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 Statues.

SIGNATURE: BRASA, LLC MGRM 06/29/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date