M99000000113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

M99-113

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2006

DEBBIE HAGAN COFER
1725 UNIVERSITY DRIVE, 2ND FLOOR
CORAL SPRINGS, FL 33071

SUBJECT: CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC
Ref. Number: M99000000113

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TALLAHASSEE, FLORIDA

We have received your document for CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 506A00040140

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coral Springs Ambulatory Surgery Center, LLC
(Name of Corporation)

DOCUMENT NUMBER: M99000000113

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Haga-Cofer
(Name of Contact Person)

Coral Springs Surgical Center
(Firm/Company)

1725 University Drive, 2nd Floor
(Address)

Coral Springs, FL 33071
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Debbie Haga-Cofer at (954) 227-7760
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Coral Springs Ambulatory Surgery Center, LLC

2. The mailing address of the limited liability company is : 1725 University Drive, 2nd FL, Coral Springs, FL 33071

1/27/1999
3. Date of filing/registration in Florida

M99000000113
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:

Curtis D. Johnson, D.O.
Name

220 SW 84th Ave, # 101
Address

Plantation, FL 33324
City, State and Zip

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

Debbie Haga-Cofer
Name

Coral Springs Surgical Center
Florida street address (P.O. Box **NOT** acceptable)

1725 University Drive – 2nd Floor
Coral Springs, FL 33071
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.

(Signature of a member or authorized representative of a member)

Curtis D. Johnson. D.O.
(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.

(Signature of Registered Agent)

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

INHS18 (8/05)