

Jan. 25, 2012
Division of Corporations

M99000000113

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H12000021228 3)))



H120000212283ABCS

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800) 277-9977
Fax Number : (800) 815-0477

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

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12 JAN 25 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 JAN 25 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

(H12000021228 3)

TO: Registration Section
Division of Corporations

SUBJECT: Coral Springs Ambulatory Surgery Center, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie Leiba-Paul

Name of Person

Paranet Corporation Services, Inc.

Firm/Company

3675 Crestwood Parkway, Suite 350

Address

Duluth, GA 30096

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Leiba-Paul

Name of Person

at (800)

277-9977

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Coral Springs Ambulatory Surgery Center, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

1725 University Drive, Second Floor
Coral Springs, FL 33071

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

1725 University Drive, Second Floor
Coral Springs, FL 33071

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

C T Corporation System

Registered Office Address:

1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

616 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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.

Claire M. Gulmi
Signature of a member or authorized representative of a member

Claire M. Gulmi - Manager

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.

by: NRAI Services, Inc. - SPECIAL ASSISTANT SECRETARY
Signature of Registered Agent

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

FILING FEE: \$25.00