A01000000188

Florida Department of State
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REGISTERED AGENT CHANGE

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DESTIN SURGERY CENTER, LTD.

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EXAMINER

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PAGE 03/04

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Destin Surgery Center, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/5/01
Date of filing/registration in Florida

3. A01000000188
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William R. Burden
Name

151 Regions Way, Suite D, Bldg 1
Address

Destin, FL 32541
City, State and Zip

5. *The name and Florida street address of the new registered agent and/or office:*

C T Corporation System
Name

1203 Governors Square Blvd, Suite 101
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Arthur Moran, Assistant Secretary
Signature of General Partner - USP Destin, Inc.

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 an accept the obligations of my position as registered agent.

Chris McNeair
Signature of Registered Agent
Assistant Secretary

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