

A05000001455

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORPORATION SERVICE COMPANY
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**REGISTERED AGENT CHANGE
SARASOTA AMBULATORY SURGERY CENTER, LTD.**

Certificate of Status	0
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**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. SARASOTA AMBULATORY SURGERY CENTER, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. July 22, 2005 3. A05000001455
Date of filing/registration in Florida 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:

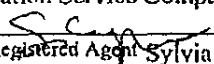
CORPDIRECT AGENTS, INC.
Name
515 East Park Avenue
Address
Tallahassee, FL 32301
City, State and Zip

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

Corporation Service Company
Name
1201 Hays Street
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.


Signature of General Partner Michael Doyle, CEO
of Surgery Partners of Sarasota, LLC, General Partner
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.
Corporation Service Company

By: 
Signature of Registered Agent Sylvia Queppet, Assistant Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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