2010 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A06000000420

Entity Name: SUNCOAST SPECIALTY SURGERY CENTER, LLLP

FILED Oct 01, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4519 US HIGHWAY 19 5501 W. GRAY STREET NEW PORT RICHEY, FL 34652 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

4519 US HIGHWAY 19 5501 W. GRAY STREET NEW PORT RICHEY, FL 34652 TAMPA, FL 33609

FEI Number: 20-4570672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROWAN, CAREY T M.D.

4519 US HIGHWAY 19

NEW PORT RICHEY, FL 34652 US

CORPDIRECT AGENTS, INC.

515 E. PARK AVENUE

TALLAHASSEE, FL 32301 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: KATIE WONSCH, ASSISTANT SECRETARY 10/01/2010

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: L06000030184

Name: SUNCOAST SPECIALTY SURGERY HOLDINGS, LLC

Address: 4519 US HIGHWAY 19 Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CAREY ROWAN GP 10/01/2010