

**A06000000420**

Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE**  
**SUNCOAST SPECIALTY SURGERY CENTER, LLLP**

Certificate of Status	0
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**J. BRYAN**

JUL 21 2011

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. SUNCOAST SPECIALTY SURGERY CENTER, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. March 23, 2006 3. A06000000420  
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 E. Park Avenue  
Address  
Tallahassee, FL 32301  
City, State and Zip

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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]  
Signature of General Partner Michael Doyle,  
CEO of Surgery Partners of Suncoast, 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.*

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

Filing Fee: \$35.00  
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