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Division of Corporations

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REGISTERED AGENT CHANGE SUNCOAST SPECIALTY SURGERY CENTER, LLLP

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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.

I. SUNCOAST SPI	ECIALTY SURGERY C	ENTER, LLLP		
Nam	e of Limited Partnership or Li	imited Liability Limited Partner	ship	
2, March 23, 2006		3. A06000000420	3 A06000000420	
Date of filing/	egistration in Florida		Florida document number	
4. The name of the regi Department of State:	stered agent and the registered	d office address as shown on the	e records of the Ploric	
	CORPDIRECT AGENTS	S, INC.	- 18	
•-		inte	至四	
<u>:</u>	515 E. Park Ayemie		57	
_	Ado	Iress	RETARSEE. FLO	
•	Fallahassee, FL 32301		-	
 -	City, Stat	e and Zip		
5. The name and Florid	a street address of the new reg	gistered agent and/or office:	3	
(Corporation Service Com	pany		
_	Na	me	•	
i	201 Hays Street			
	Florida street address (F	O. Box not acceptable)	•	
7	Tallahassee	FL_32301		
	City, Stat	e and Zip	•	
(1) ser	effective when filed by the F			
CEO of Suffery	nner Michael Doyle, Partners of Suncoast	, LLC, General Partn	ier	
i nereby accepyine appo comply with the provisio	untment as registered agent at us of all statutes relative to th	nd agree to act in this capacity. e proper and complete perform	I further agree to ance of my duties.	
and I am familiar with a	n accept the obligations of my rvice Company	position as registered agent.	, , , , , , , , , , , , , , , , , , ,	
Signature of Registered	Agent Sylvia Queppet, As	sistant Vice President		
Filing Fee:	\$35,00			
Certified Copy (opt	tional): \$52,50			