

A07006000338

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : J200000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
WESTCHASE SURGERY CENTER, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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B. BOSTICK

JUL 21 2011

EXAMINER

**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. WESTCHASE SURGERY CENTER, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. February 14, 2007

Date of filing/registration in Florida

3. A07000000338

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

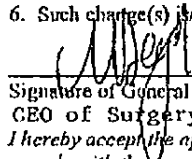
Florida street address (P.O. Box not acceptable)

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 Westchase, LLC

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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