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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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**REGISTERED AGENT CHANGE
SPACE COAST SURGERY CENTER, LLLP**

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. SPACE COAST SURGERY CENTER, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. June 30, 2008

Date of filing/registration in Florida

3. A08000000640

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 Ave.

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.

Michael Doyle
Signature of General Partner Michael Doyle,

CEO of Surgery Partners of Merritt Island, 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: Sylvia Queppel
Corporation Service Company

Signature of Registered Agent Sylvia Queppel, Assistant Vice President

Filing Fee: \$35.00

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