

A14000000017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

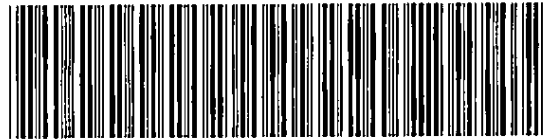
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LP RA & RO change

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2023 MAR -9 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 MAR -9 PM 1:29



DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

A. RAMSEY

MAR 10 2023

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/09/2023

Acc#120160000072

W: C D W

Name:	Emerald Coast Surgery Center, L.P.
Document #:	
Order #:	14825523

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 87.50

Thank you!

**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. EMERALD COAST SURGERY CENTER, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/2/2014
Date of filing/registration in Florida

3. A14000000017
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:

GIESEMAN, ALAN L.
Name
1005 MAR WALT DRIVE FT.
Address
WALTON BEACH, FL 32547
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Nick Lambert
Nick Lambert (Mar 8, 2023 17:25 EST)
Signature of 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.

Jori Sawan
Signature of Registered Agent
Jori Sawan, Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA