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REGISTERED AGENT CHANGE

EMERALD COAST SURGERY CENTER, L.P.

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

2. 01/02/2014
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:

CT CORPORATION SYSTEM
Name

1200 SOUTH PINE ISLAND ROAD
Address

PLANTATION, FL 33324
City, State and Zip

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

United Agent Group Inc.
Name

801 US Highway 1
Florida street address (P.O. Box not acceptable)

North Palm Beach FL 33408
City, State and Zip

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

SVHS-SCA EMERALD COAST JV, LLC- General Partner
Adia Myles By: Adia Myles, Special Manager
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 an accept the obligations of my position as registered agent.

Adia Myles Adia Myles, Special Secretary
Signature of Registered Agent

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