

Document Number Only

A17569

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

400002205104--5

-06/09/97--01001--022

*****35.00 *****35.00

CORPORATION(S) NAME

Sarasota Surgery Center Ltd.

☐ Profit
☐ NonProfit
☐ Limited Liability Co.

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other ☒ Change of F.A.

☐ Reinstatement

☐ Reservation

☐ Fic. Name

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John R.A. Chang

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97 JUN -6 PM 4:22
RECEIVED
97 JUN -6 PM 3:59
TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATION

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes,
the undersigned limited partnership organized under the laws of the state of
Florida

, submits the following statement
in order to change its registered office or registered agent, or both, in the state of
Florida.

1. The name of the limited partnership is:

Sarasota Surgery Center, Ltd.

2. The date of filing/registration in Florida:

August 1, 1984

3. Document number assigned:

A17569

4. The name and address of the present registered agent and office:

Corporation Service Company

1201 Hays St.

Tallahassee, FL 32301

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

CT CORPORATION SYSTEM

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners. SCA-Sarasota, Inc.

SIGNATURE: By: Bert D. Gary, Jr.

General Partner

Bert D. Gary, Jr.

Date: May 19, 1997

Vice President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CT CORPORATION SYSTEM

SIGNATURE: Dale Morris

(Officer)

Dale Morris, Assistant Vice President

(Type Name and Title of Officer)

Date: June 2, 1997