

Document Number Only

A17570

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City State Zip Phone

CORPORATION(S) NAME

CM

FILED

93 JUL 17 PM 3:24

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

300002591803-5
-07/17/98-01061-007
****175.00 ****35.00

Sarasota Surgery Properties, C.L.L.C.

Profit Amendment Merger

NonProfit

Limited Liability Company

Limited Liability Partnership

Foreign

Dissolution/Withdrawal

Mark

Annual Report Other
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FLORIDA CORPORATION
TALLAHASSEE, FLORIDA
Thanks, Melanie

Florida Department of State, Jim Smith, Secretary of State

**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.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership is:

Sarasota Surgery Properties, Ltd.

2. The date of filing/registration in Florida:

August 1, 1984

3. Document number assigned:

A17570

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

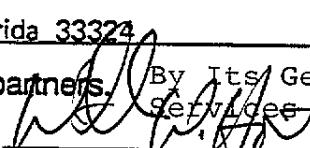
5. The name and address of the successor registered agent and office.: (P.O. Box not Acceptable)

C T CORPORATION SYSTEM

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

Plantation, Florida 33324

Such change was authorized by the general partners. By Its General Partner Surgical Services of Sarasota, Inc.

SIGNATURE: 

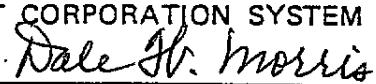
General Partner William W. Horton, Vice

Date: June 16, 1998

President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED 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.

C T CORPORATION SYSTEM

SIGNATURE: 

(Officer)

Dale W. Morris, Assistant Vice President

(Type Name and Title of Officer)

Date: July 16, 1998