A23905

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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[redacted]

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KWILLIAMS@AMSURG.COM

REGISTERED AGENT CHANGE

AMBULATORY SURGICAL FACILITY OF SOUTH FLORIDA, L.L.L

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$87.50

RECEIVED
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TALLAHASSEE, FLORIDA

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T. HAMPTON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMBULATORY SURGICAL FACILITY OF SOUTH FLORIDA, L.L.L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A23905

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KELLY WILLIAMS
Contact Person

AMSURG CORPORATION
Firm/Company

20 BURTON HILLS BOULEVARD, SUITE 500
Address

NASHVILLE, TN 37215
City, State and Zip Code

KWILLIAMS@AMSURG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIE LEIBA-PAUL at (800) 277-9977
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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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. AMBULATORY SURGICAL FACILITY OF SOUTH FLORIDA, L.L.L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/23/1986
Date of filing/registration in Florida

3. A23905
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:

GLOBAL SURGICAL PARTNERS, INC.
Name

3059 GRAND AVENUE, SUITE 300
Address

MIAMI, FL 33139
City, State and Zip

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

NRAI Services, Inc.
Name

1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
City, State and Zip

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TALLAHASSEE, FLORIDA

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

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.

NRAI Services, Inc.
by: Natalia - Paul
Signature of Registered Agent NATALIE LEIBA-PAUL - SPECIAL ASSISTANT SECRETARY

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