

Document Number Only

A27270

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JUL 17 PM 3:23

FILED

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

100002591901--1  
-07/17/98--01061--007  
\*\*\*\*175.00 \*\*\*\*\*35.00

Physicians Surgery Center, Ltd.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Foreign                       |   |  |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Fict. Filing           | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> UCC-1 UCC-3               |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

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JUL 17 1998

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.

1. The name of the limited partnership is:

Phyicians Surgery Center, Ltd.

2. The date of filing/registration in Florida:

October 25, 1988

3. Document number assigned:

A27270

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)

CT CORPORATION SYSTEM

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

Plantation, Florida 33324

By General Partner SCA-Ft. Meyers  
LLC

By Its Managing Member SCA-  
Ft. Meyers, Inc.

Such change was authorized by the general partners.

SIGNATURE: [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 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 W. Morris

(Officer)

Dale W. Morris, Assistant Vice President

(Type Name and Title of Officer)

Date: July 16, 1998

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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Filing Fee: \$35.00