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SEOKE), JOY OF STARE
LALLAHASSEE, FLORIDA

CT	CORPORATION :	SYSTEM					
660	East Jeffers	on Street	· 				
Reques	tor's Name						
Tallahassee, Florida 32301							
Addres (850	s) 222–1092		· -				
City	State	Zip	Phone				

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City State Zip	Phone			
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CR2E031 (1-89)

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 s the undersigned limited partne	ections 620.105 and 620.1051, Florida Strship organized under the laws of the sta	tatutes, ate of
Florida	d office or registered agent, or both, in the	and a solution of
1.The name of the limited partr	nership is:	ابران 188
Tampa Outpatient Surgery :	Joint Venture, Ltd.	
2. The date of filing/registration	in Florida:	A - 1
January 17, 1990	·	ILE 17 P
3. Document number assigned	:	-n ² = □
A29512		S
4. The name and address of the	e present registered agent and office:	2 2
Corporation Service Comp		
1201 Hays Street		
Tallahassee, FL 32301 5. The name and address of the	e successor registered agent and office.:	
(P.U. BO	X not Acceptable) CT CORPORATION SYSTEM	
c/o C T Corporatio	on System, 1200 South Pine Island Road	
• •	Plantation, Florida 33324	
Such change was authorized by	y the general partners. Pt ts General SCA Tran	Partner npa, Inc. lam W. Horton, Vice
	Date: June 16, 1998	residen presiden
NATED IN THIS CERTIFICATE, REGISTERED AGENT AND AGENT OF COMPLY WITH THE PROVISON COMPLETE PERFORMAN ACCEPT THE OBLIGATION OF	GISTERED AGENT AND TO ACCEPT SEIF TATED LIMITED PARTNERSHIP AT THE I HEREBY ACCEPT THE APPOINTMENT REE TO ACT IN THIS CAPACITY. I FURT SIONS OF ALL STATUTES RELATIVE TO CE OF MY DUTIES, AND I AM FAMILIAF MY POSITION AS REGISTERED AGENT CT CORPORATION SYSTEM SIGNATURE: (Officer) Dale W. Morris, Assistant Vice Proceedings of the Corporation of the Corpor	PLACE DESIG- T AS THER AGREE O THE PROPER R WITH AND EM
•	(Type Name and Title of Office	er)