

A30809

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
MEDICAL CENTER SURGERY ASSOCIATES LIMITED  
PARTNERSHI**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Center Surgery Associates Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A30809

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:

Ceci Estill  
Contact Person  
HCA Management Services, L.P.  
Firm/Company  
One Park Plaza  
Address  
Nashville, TN 37203  
City, State and Zip Code  
shirley.scharf@hcahealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ceci Estill at ( 615 ) 344-2994  
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

**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. Medical Center Surgery Associates Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/14/1990  
Date of filing/registration in Florida

3. A30809  
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:

All Saint Surgery Center Inc.  
Name  
11377 Cortez Blvd.  
Address  
Brooksville, FL 34613  
City, State and Zip

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

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation FL 33324  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.  
Surgicare of Brooksville, LLC, general partner

By: Natalie H. Cline  
Signature of General Partner  
Natalie H. Cline, Vice President and Secretary

*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 obligations of my position as registered agent.*

Connie Bryan  
Signature of Registered Agent

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

2016 APR 20 A 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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