

A32908

Document Number Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -2 PM 2:32

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

700002654597--3

10/02/98 0100T 008

*****35.00 *****35.00

498A-00049314

Arbitration Surgical Centre of Miami, LTD.

- ☐ Profit
☐ NonProfit
☐ Limited Liability Co.
☐ Foreign

- ☐ Amendment
☐ Dissolution/Withdrawal

- ☐ Merger
☐ Mark

- ☐ Limited Partnership
☐ Reinstatement

- ☐ Annual Report
☐ Reservation

- ☐ Other UCC Filing
☒ Change of R.A.
☐ Fict. Name

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JEFF BUTERFIELD

10/2

BK

10/2/98

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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1. The name of the limited partnership is:

Ambulatory Surgical Centre of Miami, Ltd.

2. The date of filing/registration in Florida:

May 4, 1992

3. Document number assigned:

A32908

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

Renee Boughton

8700 North Kendall Drive, Suite 100

Miami, FL 33176

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

SIGNATURE: 

NSC Miami, Inc. General Partner William W. Horton

Date: 09-15-98 Vice 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.

C T CORPORATION SYSTEM

SIGNATURE: 

(Officer)

ALLAN FARRELL ASSISTANT SECRETARY

(Type Name and Title of Officer)

Date: _____

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

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