

• Document Number Only

A 33306

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

100002205101--4

-06/09/97--01001--019

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

CORPORATION(S) NAME

Emerald Coast Surgery Center LP

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merge

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other UCC Filing

☒ Change of R.A.

☐ Fic. Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ After 4:30

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Name

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Verifier

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W.P. Verifier

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97 JUN -6 PM 4:15

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97 JUN -6 3:59

VISION OF CORPORATION

6-6

6/9

Jon R.A. Change

**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

Tennessee, 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:

Emerald Coast Surgery Center, L.P., Ltd.

2. The date of filing/registration in Florida:

August 12, 1992

3. Document number assigned:

A33306

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

Corporation Service Company

1201 Hays St.

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

Such change was authorized by the general partners. SCA-Fort Walton, Inc.

SIGNATURE: By:

General Partner

Beall D. Gary, Jr.

Date: May 19, 1997

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.

CT CORPORATION SYSTEM

SIGNATURE: Dale Morris

(Officer)

Dale Morris, Assistant Vice President

(Type Name and Title of Officer)

Date: June 2, 1997