



A930000000915

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

7/13/99



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 13 AM 10:56

CERTIFIED COPY

CUS



PHOTO COPY



FILING

R-A-Chg. / L.H.

1.) Orlando Surgery Center Real Estate Partnership, L.P.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

200002929652--0
-07/13/99--01004--022
*****25.00 *****35.00

~~0299700035944~~

299700035944

SPECIAL INSTRUCTIONS

by

7/13/99

RECEIVED
99 JUL 13 AM 9:32

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF
REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 13 AM 10:56

Pursuant to the provisions of Sections 620.105 and 620.1051, Florida statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.


1. Orlando Surgery Center Real Estate Partnership, Ltd.
(name of the limited partnership)
2. September 2, 1993
(date of filing/registration in Florida)
3. A93000000915
(document assigned number)
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Sanford Kaplan
610 No. Mills Avenue
Suite 214
Orlando, FL 32803

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

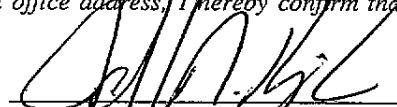
NRAI Services, Inc.
526 East Park Avenue
Tallahassee, FL 32301

6. Such change(s) was/were authorized by the general partner(s).


Signature of Officer of
Ambulatory Resource Centres of Florida, Inc.,
General Partner

7/12/99
Date

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent

7/12/99
Date