

A9300000915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

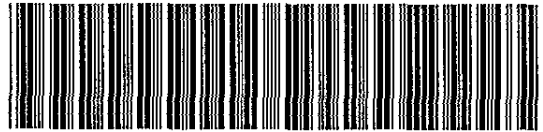
A93-915  
(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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M 12/3

**CT CORPORATION**

December 31, 2002

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5746611 SO  
Customer Reference 1: 005757/57279  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Orlando Surgery Center Real Estate Partnership, Ltd. (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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**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.

1. ORLANDO SURGERY CENTER REAL ESTATE PARTNERSHIP, LTD.  
Name of the limited partnership

2. 09/02/1993 Date of filing/registration in Florida  
3. A93000000915 Document number assigned

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

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

5. The name and street 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

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Such change was authorized by the general partners.

Kenneth C. Mitchell, VP 4 11-19-02  
Signature of General Partner *general partner* Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated 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.

Mary R. Adams 12/30/02  
Registered Agent signature Date  
Mary R. Adams, Assistant Secretary

Filing Fee: \$35.00

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

INHSE004(3/95)