

A9400000777

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORPORATION

December 31, 2002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DeLand Surgery Center, 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

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

02 DEC 31 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. DELAND SURGERY CENTER, LTD.

Name of the limited partnership

2. 06/10/1994

Date of filing/registration in Florida

3. A94000000777

Document number assigned

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

The Prentice Hall Corporation System, Inc.

1201 Hays St., Suite 105

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

Such change was authorized by the general partners.

Kenneth C. Mulder VP of General Partners 11/19/02
Signature of 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)