

#A9500000738

Jan. 25, 2012, 3:35 PM
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800) 277-9977
Fax Number : (800) 815-0477

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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REGISTERED AGENT CHANGE
WEST PALM OUTPATIENT SURGERY AND LASER CENTER, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

K. SALY
EXAMINER
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

(H12000021236 3)

TO: Registration Section
Division of Corporations

SUBJECT: West Palm Outpatient Surgery and Laser Center, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A95000000738

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Natalie Leiba-Paul

Contact Person

Paranet Corporation Services, Inc.

Firm/Company

3675 Crestwood Parkway

Address

Duluth, Georgia 30096

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Leiba-Paul

Name of Contact Person

at (800)

277-9977

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

INHS04 (01/06)

(H12000021236 3)

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. West Palm Outpatient Surgery and Laser Center, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 05/10/1995 3. A95000000738
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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

NRAI Services, Inc.
Name
515 East Park Avenue
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Claire M. Gulmi NSC West Palm, LLC, By: Claire M. Gulmi, Manager
Signature of General Partner

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.

Edna Chadd - SPECIAL ASSISTANT SECRETARY
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50