

A95000000944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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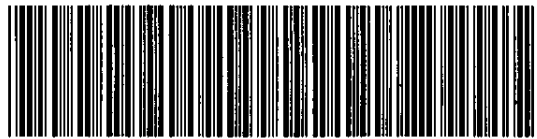
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE SURGERY & ENDOSCOPY CENTER LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A9500000944

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:

DAVID GAYNES

Contact Person

DAVID GAYNES PA

Firm/Company

4327 S. Highway 27 #404

Address

Clermont, FL 34711

City, State and Zip Code

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

For further information concerning this matter, please call:

David Gaynes Esq.

Name of Contact Person

at (

407)

404-4215

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2009

DAVID W. GAYNES ESQ.
4327 SOUTH HIGHWAY 27, #404
CLERMONT, FL 34711

SUBJECT: LAKE SURGERY & ENDOSCOPY CENTER, LTD.
Ref. Number: A95000000944

We have received your document for LAKE SURGERY & ENDOSCOPY CENTER, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 509A00036410

**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. LAKE SURGERY & ENDOSCOPY CENTER LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/22/1995 3. A9500000944
Date of filing/registration in Florida Florida document number

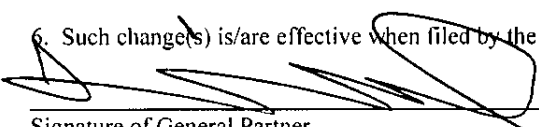
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

AKRAM ISMAIL M.D.
Name
8110 Leg A Cr. 44
Address
Leesbury, FL 34788
City, State and Zip

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

DAVID GAYNEJ, ESQ.
Name
4327 S. Highway 27 #408
Florida street address (P.O. Box not acceptable)
Clermont FL 34711
City, State and Zip

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


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.

David Gayne
Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA