

A960000000366

1 From This portion can be removed for Recipient's records
Date 4-17-00 FedEx Tracking Number 819702815853
Sender's Name V. LARUMBE Phone 561 659-5990
Company AKERMAN SENTERFITT & EIDSON PA
Address 777 S FLAGLER DR STE 900
City WEST PALM BEACH State FL ZIP 33401

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
200003213082--3
-04/18/00--01097--001
770.00 **35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 MAY 30 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RO change
Spayne

Examiner's Initials 5/30/00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 27, 2000

Valerie G. Larcombe, Esq.
Akerman Senterfitt & Eidson PA
777 S. Flagler Dr., Suite 900
West Palm Beach, FL 33401

SUBJECT: THE EDWARD AND LUCILLE KIMMEL OUTPATIENT SURGICAL
CENTER LIMITED PARTNERSHIP
Ref. Number: A9600000366

We have received your document for THE EDWARD AND LUCILLE KIMMEL OUTPATIENT SURGICAL CENTER LIMITED PARTNERSHIP and check(s) totaling \$770.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Enclosed is the appropriate document to change the registered office for a limited partnership.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 700A00023263

*Please see attached
document.*

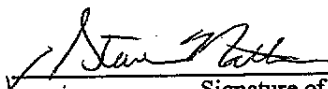
**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

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.

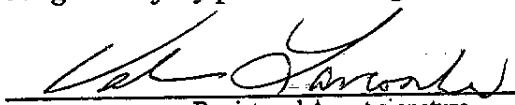
1. The Edward and Lucille Kimmel Outpatient Surgical Center
Name of the limited partnership
2. 02/26/1996 3. A96000000366
Date of filing/registration in Florida Document number assigned
4. The name and address of the present registered agent and office:
Valerie G. Larcombe, Esq.
c/o Good Samaritan Hospital
1309 No. Flagler Drive
West Palm Beach, FL 33401
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)
Valerie G. Larcombe, Esq.
Akerman Senterfitt
Phillips Point - East Tower
777 South Flagler Drive, Suite 900
West Palm Beach, FL 33401-6125

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TALLAHASSEE, FLORIDA

Such change was authorized by the general partners.

 5-23-00
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.

 5-23-00
Registered Agent signature Date

Filing Fee: \$35.00

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