A98000001208

Florida Department of State
Division of Corporations
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RE-SUBMIT
Please retain original filing date of submission 5/1/

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REGISTERED AGENT CHANGE

WESTON OUTPATIENT SURGICAL CENTER, LTD.

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C. LEWIS
MAY 14 2009
EXAMINER

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May 4, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WESTON OUTPATIENT SURGICAL CENTER, LTD.
2229 N. COMMERCE PKWY.
WESTON, FL 33326

SUBJECT: WESTON OUTPATIENT SURGICAL CENTER, LTD.
REF: A98000001208

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H09000112008
Letter Number: 409A00014876

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2009 MAY 1[illegible] AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. WESTON OUTPATIENT SURGICAL CENTER, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/13/1998
Date of filing/registration in Florida

3. A98000001208
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:

RICHARD FAMIGLIETTI
Name

2229 N. COMMERCE PKWY.
Address

WESTON FL 33326 US
City, State and Zip

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

CT Corporation Systems
Name

1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation FL 33324
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.

Chris McNeal
Assistant Secretary
Signature of Registered Agent

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