Division of Corporations **Electronic Filing Cover Sheet**

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(((H12000021240 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: PARANET CORPORATION SERVICES, INC.

Phone

Account Number : 120090000069 : (800)277-9977

Fax Number

: (800)815-0477

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

Email Address:

REGISTERED AGENT CHANGE WESTON OUTPATIENT SURGICAL CENTER, LTD.

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EXAMINER

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COVER LETTER

(H12000021240 3)

TO:	Registration Section Division of Corporations							
SUB	ECT: Weston C	outpatient	: Surgi	cal Ce	nter, Ltd.			
	Name of Limited Part	nership or Lin	nited Liab	ility Limi	ted Partnership		•	
DOC	UMENT NUMBER:	A98000001208				-		
	nclosed Statement of Change of rare submitted for filing.	Registered	Office a	nd/or R	egistered Agent	and	•	
Please	e return all correspondence conce	erning this r	natter to);				
	Natalle Leiba-Pa	ul						
	Contact Person	•	,			77.00	2	
	Paranet Corporation Ser	vices, Inc.					3112	
	Firm/Company					32075	JAN	
	3675 Crestwood Par	rkway				ASS	N 25	
	Address					me Me		
	Duluth, Georgia 30	ากอล				声の		
	City, State and Zip Co		 			32	\$	
•	on, one me zip ou	***				Pm.	<u>ලා</u>	
E	-mail address: (to be used for future an	mual report no	tification)				
For fi	nther information concerning thi	s matter, pl	ease call	l :				
	Natalie Lelba-Paul	at (800)	277-9977			
	Name of Contact Person			and Dayt	ino Telephone Nu	nber		
Enclo	sed is a \$35.00 check made paya	ible to the F	Iorida D	epartme	ont of State.			
STRI	EET ADDRESS:		MAT	LING A	DDRESS:			
			tration Section					
				on of Corporations				
Clifton Building			P.O.	O. Box 6327				
2661 Executive Center Circle			Tallal	allahassee, FL 32314				

Tallahassee, FL. 32301

(H12000021240 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.

change its registered	d office or registered agent	, or both, in the s	tate of Florida.	
1,	Weston Outpatie			
Na	me of Limited Partnership or	Limited Linbility I	Limited Partnership	
20	5/13/1998	3	A9800000	
Date of filing	registration in Florida		Florida documen	t number
4. The name of the re Department of State:	gistered agent and the registe	red office address	as shown on the rec	ords of the Florida
	C T Corporation System			
		Name		第5 2
	1200 South	Pine Island Ro	ad	1012 JAN 25 SECRETARY
		Address		25 888 888
		on, FL 33324		
•	City, S	itate and Zlp		
5. The name and Flor	ida street address of the new	registered agent an	d/or office:	
	NRAI S	ervices, Inc.		
		Nanto		
	515 East	Park Avenue		
	Florida street address	(P.O. Box not acc	eptable)	
	Tailahasse	e FI	32301	•
	City, S	itate and Zip	•	
6. Such change(s) is/g	pe effective when filed by th	e Florida Departure	nt of State.	
Cem An	Weston NS	C,LLC BY:	Claire U.B	ulmi, Manager
Signature of General)	, ar,			
comply with the provis	pointment as registered agentions of all statutes relative to an accept the obligations of	the proper and co	inplete performance	urther agree to e of my duties,
Signature of Registere	d Agent	SSISTANT SEC	RETARY	
Filing Fee: Certified Copy (o	\$35,00 ptional): \$52.50			