

A98000001331

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

02 DEC 31 PM 2:40

RECEIVED

02 DEC 31 PM 2:15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

3

**CT CORPORATION**

December 31, 2002

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5746611 SO  
Customer Reference 1: 005757/57279  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Orlando Surgery Center II, Ltd. (FL)  
Change of Agent  
Florida

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 31 PM 2:15

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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. ORLANDO SURGERY CENTER II, LTD.  
Name of the limited partnership
2. 05/28/1998                      3. A98000001331  
Date of filing/registration in Florida                      Document number assigned

4. The name and address of the present registered agent and office:

NRAI Services, Inc.  
526 East Park Avenue  
Tallahassee, Florida 32301

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

Such change was authorized by the general partners.

*Kenneth C. Mitchell*                      11-19-02  
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.*

*Mary R. Adams*                      12/30/02  
Registered Agent signature                      Date  
Mary R. Adams, Assistant Secretary

**Filing Fee: \$35.00**

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

INHSE004(3/95)