OCU Entity Nam	MENT	# A9800000	2681	•		FILE	In order the	
Physician Surgery Center of Indian River, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS		
Sipal Place of Business Mailing Address						00 MAY - I PH 12: 06		
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Principal P	Place of Busi	ness	3. Mailing Address			my		
1000 36th Street		1000 36th Street Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.					DO NOT WH			
City & Stat Vero B	e Beach,	FL	City & State Vero Beach,	FI.		4. FEI Number 65-0890033		Applied For Not Applicable
Zip 32960		Country	Zip 32960	Country		5. Certificate of Status Desired		8.75 Additional
32900	6. Nam	e and Address of Curre				7. Name and Address of New		e Required ent
· ·						effery L. (P.O. Box Number is Not Acceptable)		
				J				
			r å			th Street Beach	FL	Zip Code
The above	named enti	ty submits this statement	for the purpose of changing		Vero	Beach ered agent, or both, in the State of Fl	orida.	Zip Code 32960
The above		John	John	its registered o	Vero office or registe	Beach ered agent, or both, in the State of FI 4/28/	orida.	Zip Code 32960
GNATURE .	Signature, type	To some diverse of registered age	int and title if applicable. (N	its registered of OTE: Registered Agriculturi	Vero office or register ent signature require ons	Beach ered agent, or both, in the State of FI 4/28/ ad when reinstating)	orida. OO DATE CK PAYABLE 1	O DEPT. OF STATE
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IGNATURE:

SIGNATURE AND TYDES OF PRINTED NAME OF SIGNING GENERAL PARTNER

TO F FORY L. SUS; 561-567-4311

Date Date Dayling Control of 1000