

Division of Corporations

# BC2000000086

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 203-0845

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

Email Address: \_\_\_\_\_

## LP/LLP AMENDMENT/RESTATEMENT/CORRECTION LARGO ENDOSCOPY CENTER, L.P.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$105.00 |

2021 SEP -8 AM 10:57

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2021 SEP -8 PM 11:00

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**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:  
LARGO ENDOSCOPY CENTER, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B0200000086

2. The jurisdiction of its formation is: Tennessee

3. The date the entity was authorized to transact business in Florida is: 03/15/2002

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P. or Ltd*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

SARC/Largo Pain & G.I., Inc.

310 SEVEN SPRINGS WAY, SUITE 500

☐ Add

BRENTWOOD, TN 37027

☒ Remove

☐ Change

SARC/Largo Endoscopy, LLC

310 SEVEN SPRINGS WAY, SUITE 500

☒ Add

BRENTWOOD, TN 37027

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

Principal Office Address Change: 7300 Bryan Dairy Rd. Ste 495, Largo, FL 33777

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

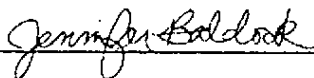
- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the Date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Jennifer B. Baldock - Authorized Representative

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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SEC. OF STATE  
TALLAHASSEE, FLORIDA