

Document Number Only

B94000000139

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

(7)

CM

Jamie Pain Management Center 7000002591797-5
07/17/98 01061-007
****175.00 *****35.00

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Fict. Filing

☐ Photo Copies

☐ Other

☒ Change of R.A.

☐ UCC-1 UCC-3

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Please Return Extra Copy(s)
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JUL 17 1998

Thanks; Melanie

RECEIVED
98 JUL 17 PM 11:55
LEGISLATIVE DIVISION
TALLAHASSEE, FLORIDA

CR2E031 (1-89)

**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. The name of the limited partnership is:

Tampa Pain Management Center, L. P.

2. The date of filing/registration in Florida:

April 13, 1994

3. Document number assigned:

B94000000139

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

Corporation Information Services, Inc.

1201 Hays Street

Tallahassee, FL 32301

5. The name and address of the successor registered agent and office.:

(P.O. Box not Acceptable)

CT CORPORATION SYSTEM

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

Plantation, Florida 33324

By General Partner Tampa
Outpatient Surgery Joint
Venture, Ltd.,

Such change was authorized by the general partners of its General Partner SCA-Tampa, Inc

SIGNATURE: 

General Partner William W. Horton, Vice

Date: June 16, 1998

President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED 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.

CT CORPORATION SYSTEM

SIGNATURE: Dale W. Morris

(Officer)

Dale W. Morris, Assistant Vice President

(Type Name and Title of Officer)

Date: July 16, 1998