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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H110002094623ABCZ

SECRETARY OF STATE
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To:

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

0380.153192

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****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/LLLP AMENDMENT/RESTATEMENT/CORRECTION
THE MIAMI ASC, L.P., LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$105.00

SECRETARY OF STATE
TAMM HASSER, FLORIDA

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AUG 24 2011

EXAMINER

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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:

THE MIAMI ASC, L.P. LIMITED PARTNERSHIP

2. The jurisdiction of its formation is: Tennessee

3. The date the entity was authorized to transact business in Florida is: 4/27/95

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., LP, or Ltd.

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

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

Name:

Business Address:

Gastro Care Specialists, LLC

5101 SW 8th Street
Miami, FL 33134

L11-30327

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

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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:

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

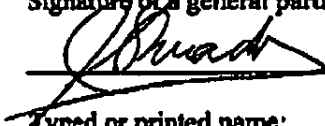
☐ The entity elects to be a limited liability limited partnership.

☐ 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: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Javier Sobrado, M.D., Managing Member, GP

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

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STATE OF TENNESSEE
Tre Hargett, Secretary of State
 Division of Business Services
 William R. Snodgrass Tower
 312 Rosa L. Parks AVE, 6th FL
 Nashville, TN 37243-1102

THE MIAMI ASC, L.P.
 5101 SW 8th Street
 Miami, FL 33134

August 22, 2011

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control # : 293792 **Status: Active**
Filing Type: Limited Partnership - Domestic

Document Receipt

Receipt # : 529107	Filing Fee:	\$20.00
Payment-Check/MO - CFS, NASHVILLE, TN		\$20.00

Amendment Type: Articles of Amendment
Filed Date: 08/22/2011 10:03 AM

Image # : 6930-1903

This will acknowledge the filing of the attached articles of amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Tre Hargett
Secretary of State

Processed By: Cynthia Dunn

Field Name	Changed From	Changed To
Principal Address 1	20 BURTON HILLS BLVD	5101 SW 8th Street
Principal Address 2	5TH FLOOR	No value
Principal City	NASHVILLE	Miami
Principal State	TN	FL
Principal Postal Code	37215	33134
Registered Agent #	0345999	0414371
Registered Agent First Name	CLAIRE	No Value
Registered Agent Last Name	GULMI	No Value
Registered Agent Middle Name	M	No Value
Registered Agent Organization Name	No Value	National Registered Agents, Inc.
Registered Agent Physical Address 1	20 BURTON HILLS BLVD 5TH FL	2300 HILLSBORO RD STE 305
Registered Agent Physical Postal Code	37215	37212

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STATE OF TENNESSEE

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IRE HARGETT
SECRETARY OF STATE

**AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP
OF THE MIAMI ASC, L.P.,
A TENNESSEE LIMITED PARTNERSHIP**

Pursuant to the Tennessee Revised Uniform Limited Partnership Act, Section 61-2-202, the undersigned General Partner of The Miami ASC, L.P. (the "Limited Partnership") hereby executes the following Certificate of Amendment:

1. The name of the Limited Partnership is The Miami ASC, L.P.
2. The amendments to the Certificate of Limited Partnership are as follows:

Article 2 shall be deleted in its entirety and replaced with the following:

2. The street address, County and zip code of the Limited Partnership's registered office in Tennessee and the name of its agent are:

National Registered Agents, Inc.
2300 Hillsboro Road, Suite 305
Nashville, Davidson County, TN 37212

Article 3 shall be deleted in its entirety and replaced with the following:

3. The street address of the Limited Partnership's principal office is
5101 SW 8th Street
Miami, FL 33134

Article 4 shall be deleted in its entirety and replaced with the following:

4. The name and address of the General Partner are:

Gastro Care Specialists, LLC
5101 SW 8th Street
Miami, FL 33134

Date: Aug. 18, 2011

GENERAL PARTNER

Gastro Care Specialists, LLC

By: [Signature]
Printed Name: JOSEPH SOTO
Title: Managing Member

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