

Document Number Only

1396000000159

CT CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, FL 32301 222-1092
City State Zip Phone

CORPORATION(S) NAME

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 OCT -2 PM 2:37

100002654601--9
-10/02/98--01067--910
*****35.00 *****35.00

SANASOR Endoscopy center, limited partnership

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Co. | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other UCC Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fict Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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10/2
JEFF BUTERFIELD

Florida Department of State, Jim Smith, Secretary of State

**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
Georgia, submits the following statement
in order to change its registered office or registered agent, or both, in the state of
Florida.

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1. The name of the limited partnership is:

Sarasota Endoscopy Center, Limited Partnership

2. The date of filing/registration in Florida:

May 10, 1996

3. Document number assigned:

B96000000159

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

Sue Brongel

1435 S. Osprey Ave., Ste. 100

Sarasota, FL 34236

5. The name and 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:

SIGNATURE: 

William W. Horton, Vice President of
General Partner, NSC Sarasota, Inc.

Date: 09-15-98

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.

C T CORPORATION SYSTEM

SIGNATURE: 

(Officer)

ALLAN FARRELL ASSISTANT SECRETARY

(Type Name and Title of Officer)

Date: _____

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

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Filing Fee: \$35.00