

B466000012301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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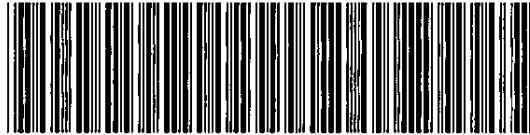
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 237744 109186B

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE : September 20, 2007

ORDER TIME : 10:06 AM

ORDER NO. : 237744-290

CUSTOMER NO: 109186B

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TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: CRESTVIEW SURGERY CENTER,
L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY.
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CRESTVIEW SURGERY CENTER, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/02/1996

Date of filing/registration in Florida

3. B96000000301

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.




Signature of General Partner

Elizabeth A. Dawson, Attorney in Fact on behalf of North Okaloosa Surgery Venture Corp., General Partner

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 obligations of my position as registered agent.

Corporation Service Company

By: 

Signature of Registered Agent Sylvia Queppet, Asst. Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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