## B 97000000266

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



800299051248

05/17/17--01009--002 \*\*35.00



MAY 1 8 2017

Y C " KER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: May 15, 2017

Order#: 623627-162

Re: THE PALMETTO ASC, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Rachel O'Hayer c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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	THE PALMET				
Nan	ne of Limited Partnership or Lim	ited Liability Lim	ited Partnership		
2. 00	02/1997 3. B970		B9700000	00000266	
Date of filing/	registration in Florida	F	Florida document number		
4. The name of the reg Department of State:	sistered agent and the registered o	office address as s	shown on the rec	ords of the Florida	
	NRAI SERVI	CES, INC			
•	Nam	e			
	1200 SOUTH PINE	ISLAND RO	AD		
•	Addre	ess			
	Plantation	FL	33324		
•	City, State	and Zip			
5. The name and Flori	da street address of the new regis	_			
	Corporation Serv		<u></u>	\$ 1 m	
	Nam	ie			
	1201 Hays	Street			
	Florida street address (P.C	D. Box not accept	able)	52	
	Tallahassee	FL	32301		
•	City, State	and Zip			
6. Such change(s) is/a	re effective when filed by the Flo	orida Department	of State.		
Signature of General Partner		Jill Cilmi, Vice President on behalf of Amsurg Palmetto, Inc., its General Partner			
Signature of General P	armer .				
	pointment as registered agent and				
and I am familiar with Corporatio	ions of all statutes relative to the an accept the obligations of my p n Service Company			e oj my uuties,	
Signature of Registere	1 Agent				
Signature of Registere	a Agent \				
Filing Fee:	\$35.00				
Certified Copy (o					