

B980000000660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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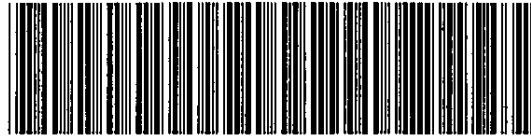
(Business Entity Name)

(Document Number)

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J. BRYAN DEC 27 2006

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Naples Endoscopy ASC, LP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B98000000660

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stephanie Thomas

(Contact Person)

Paranet Corporation Services, Inc.

(Firm/Company)

3761 Venture Drive, Suite 260

(Address)

Duluth, GA 30096

(City, State and Zip Code)

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For further information concerning this matter, please call:

Stephanie Thomas

(Name of Contact Person)

at (800) 277-9977

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

**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 Naples Endoscopy ASC, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/17/98

Date of filing/registration in Florida

3. B98000000660

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:

CT Corporation System

Name

1200 South Pine Island Rd.

Address

Plantation, FL 33324

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

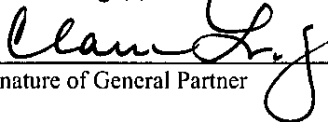
Florida street address (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

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



Signature of 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 an accept the obligations of my position as registered agent.

NRAI Services, Inc.

by: 

Signature of Registered Agent

STEPHANIE THOMAS, SPECIAL ASST. SECY.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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