

G13167

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July 13, 2000

Ms. Karon Beyer, Bureau Chief
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Office

000003326770--9
-07/18/00--01002--018
***945.00 ***35.00

Dear Ms. Beyer:

Enclosed for filing with your office are Statements of Change of Registered Office for each of the following entities together with our firm's check in the amount of \$945.00 to cover the filing fee of \$35.00 per Statement:

- Alexander Holiday Homes, Inc.
- Alpha Optical Service, Inc.
- Ambulatory Surgical Center of Central Florida, Inc.
- Blount, Sikes & Associates, Inc.
- Cardworx, Inc.
- Creative Breakfast Concepts, Inc.
- The First Mexican Chamber of Commerce of Florida, Inc.
- Florida Concrete Accessories, Inc.
- The Gainesville Church, Inc.
- The Institute for Health and Human Performance, Inc.
- Inwood Consulting Engineers, Inc.
- Mirza Properties, Inc.
- NEI of Volusia, Inc.
- NEI Practice Advisors, Inc.
- OHCG Partners, Inc.
- OHCG Partners, Ltd.
- The Orlando Church, Inc.
- Orlando Lions Youth and Community Development, Inc.

FILED
00 JUL 18 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RC chg
JHC
7/25



STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of FLORIDA submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: AMBULATORY SURGICAL CENTER
OF CENTRAL FLORIDA, INC. *613167*

2. The street address of the current registered office:
201 E. Pine Street
Suite 1200
Orlando, Florida 32801

3. The street address of the new registered office:
301 E. Pine Street
Suite 1400
Orlando, Florida 32801

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00 JUL 18 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date: 7-12-00

William A. Boyles
(Signature of Registered Agent)

William A. Boyles
(Printed or Typed Name)

Filing Fee: \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314**