K41151

Florida Department of State

Division of Corporations
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Fax Number : (850)205-0380

From:
Account Name : GREEN SCHOENFELD & KYLE LLP
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REGISTERED AGENT CHANGE

SURGICARE CENTER, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : Surgicare Center, Inc.

2. The mailing address of the corporation : 4101 Evans Avenue
Fort Myers, Florida 33901

3. Date of incorporation/qualification: 10/26/88 Document number K41151

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

David C. Brown
4101 Evans Avenue, Suite 301
Fort Myers, Florida 33901

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5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Bruce D. Green
1520 Royal Palm Square Boulevard, #320
Fort Myers, Florida 33919

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

David C. Brown — 8.30.01
(Signature of an officer, chairman or vice chairman of the board) (Date)

David C. Brown, III President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Bruce D. Green — 8-30-01
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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