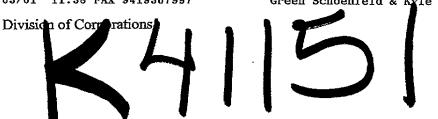
Green Schoenfeld & Kyle

**2**001

Page 1 of 2



## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : GREEN SCHOENFELD & KYLE LLP

Account Number: I2000000177

Phone : (941)936-7200 Fax Number : (941)936-7997



## REGISTERED AGENT CHANGE

SURGICARE CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the	
submits the following statement in order to change its regista	ered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation : Surgicare Cen	ter, Inc.
2. The mailing address of the corporation: 4101 Evans Av	enue
Fort Myers, Florida 33901	
3. Date of incorporation/qualification: 10/26/88	Document numberk41151
4. The name and address of the current registered agent and of	ffice:
David C. Brown	<u> </u>
4101 Evans Avenue, Suite 30	01 5
Fort Myers, Florida 33901	
5. The name and address of the new registered agent (if chang (P. O. Box Not Accepta	red) and/or registered office (if changed)
Bruge D, Green	
1520 Royal Palm Square B	Boulevard, #320
Fort Myers, Florida 3391	9
The street address of its registered office and the street addre agent, as changed, will be identical.	ess of the business office of its registered
Such change was authorized by resolution duly adopted by it authorized by the board.	ts board of directors or by an officer so
Vail Com	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 corporation, I hereby accept the appointment as registered a further agree to comply with the provisions of all statutes references of my duties, and I am familiar with and accept registered agent.	e of process for the above stated igent and agree to act in this capacity. elative to the proper and complete t the obligation of my position as
Me Dom	V-30-701
(Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.0	0 * * *
CR2E045(9/00)	