

8/15/2013 13:47:33 From: To: 8506276383

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTH FLORIDA AMBULATORY SURGICAL CENTER, LLC

Certificate of Status	0
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Page Count	05
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AUG 16 2013

A. LUNT

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: South Florida Ambulatory Surgical Center, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Connell

Name of Person

South Florida Ambulatory Surgical Center, LLC

Firm/Company

1445 Ross Avenue, Suite 1400, Dallas, Texas 75202

Address

Dallas, Texas 75202

City/State and Zip Code

Glynda.stewart@tenethealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Frederick

214 932-3685

at ()

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 15 AM 8:49

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

South Florida Ambulatory Surgical Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 20, 2000 and assigned
Florida document number L00000008598

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1445 Ross Avenue, Suite 1400

Dallas, Texas 75202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

CT Corporation

New Registered Office Address:

1200 S. Pine Island Road

Enter Florida street address

Plantation

Florida 33324

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability
company has been notified in writing of this change.*

Kimberly D. Baggett
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

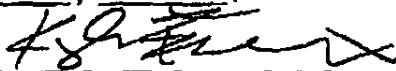
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	National Surgery Center Holdings, Inc.	1445 Ross Avenue, Suite 1400 Dallas, Texas 75202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cabral, Amadeo M.D.	6110 S.W. 70th Street South Miami, Florida 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Hajjar, John M.D.	555 Kinderkamack Road Oradell, New Jersey 07649	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Cosme, Gomez M.D.	6110 S.W. 70th Street South Miami, Florida 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 14

2013



Signature of a member or authorized representative of a member

Kyle Burnett, President of Managing Member

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF FLA
TALLAHASSEE FLORIDA