Thomas W. Ruggles, P.A.

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August 8, 2002

100007052191---08/12/02--01051--021 \*\*\*\*\*25.00 \*\*\*\*\*25.00

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> RE: LARGO AMBULATORY SURGICAL CENTER, L.L.C. **DOCUMENT #L01000011754**

Dear Sir or Madam:

Enclosed, please find my firm's check in the amount of \$25.00, along with the completed "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company."

Your prompt attention to this matter is appreciated.

Mame Availability "etu" tat Examiner بالمالية TWR/ksf ···· Enclosures 0 ver.iver DCC ໄດ້ຕານ ເພິ່ງອະດອ**ກt** orifyer DCC

Very truly yours,

THOMAS W. RUGGLES

-01000011754

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1 100	STAME.		
1. The name of the limit	ed liability company is: Largo Ambulat	ory Surgical Cent	er <u>, L.L.C.</u> .
2. The mailing address of Florida 33770	f the limited liability company is: 148 1	3th Street, S.W.,	Largo, .
July 18, 2001  3. Date of filing/registra	ion in Florida 4. Do	L01000011754 ecument number	
5. The name of the regist Florida Department of	ered agent and the registered office addres: State:	s as shown on the recor	ds of the
	Stephen M. Weinstock Name 1345 West Bay Drive, Sur Address Largo, Florida 33770 City, State and Zip of the new registered agent and/or office:	ite IO1	02 AUG   SECRETA
	Stephen M. Weinstock Namc 148 13th Street, S.W.		IARY OF STATI ASSEE, FLORII
	Florida street address (P.O. Box NOT a	cceptable)	
	Largo, Florida 33770		•
	City, State and Zip	·	
and the business office of liability company, it is her the members of the limite the operating agreement o	ipany is not organized under the laws of the hange or changes are made, the Florida stretcher registered agent will be identical. Or, eby confirmed that the change(s) was/wend liability company or as otherwise provided the limited liability company.	et address of the register in the case of a Florida	етеd office limited
(Signature of a member or authori	zed representative of a member)		
Stephen M. Weinste	tative/Managing Member		
(Printed or typed name of signee)	JCK		
<u></u>	ntment as registered agent and agree to act of the proper and it is a statutes relative to the proper and it is accept the obligations of my position as this document is being filed to merely reflect that the limited liability company has been	t in this capacity. I fur complete performance of gentiered agent as prov t a change in the regist notified in writing of t	ther agree to I my duties, idea for in ered office his change,
(Signature of Registered Agent)			
Divisio	a of Corporations, P.O. Box 6327, Tallal	iassee, FL 32314	
MUCLOCIONOS			

INHS18(10/99)

**FILING FEE: \$25.00**