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Division of Corporations

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE  
FLORIDA SURGICAL MONITORING SERVICES, LLC

Certificate of Status	0
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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: Florida Surgical Monitoring Services LLC
2. (a) 11011 McCormick Road Suite 200  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 11011 McCormick Road Suite 200  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
- Hunt Valley, MD 21031 Hunt Valley, MD 21031
- 08/13/2001 L01000013451
3. Date of filing/registration in Florida 4. Document number

5. (a) C T CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
Plantation, FL 33324

- (b) Corporate Creations Network Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

11380 Prosperity Farms Road #221E  
NEW Registered Office Address:

Palm Beach Gardens, FL 33410

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Kristen Espinales, Attorney-in-Fact

Printed or typed name of signee

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 605, 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.

[Signature]  
Signature of Registered Agent

Kristen Espinales, Special Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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