## Lulucajus

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE ALLAHASSEE FI COLD.



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby

grace.kirby@cscglobal.com

Date: January 25, 2016

Order#: 957055/059

Re: LARGO SURGERY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

JAN 27 P 4: 22 RETARY OF STATE NHASSEE, FLORIDA

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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 10,710	•			
1. N	ame of the limited liability company: _LARGO SL	JRGERY, LLC		
2. (a)	40 Burton Hills Boulevard	(b)		
( )	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited li (Note: MAY BE POST O	
	Suite 500			
	Nashville TN 37215			
	12/13/2001	L01	000021601	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CT Corporation System			
(,	Registered Agent and Registered Office shown on the record	ds of the Florida Dept.	of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	<del></del>	
			TAL 36	
	Plantation	, FL <u>33324</u>	2016 JAN 27 SECREJARY ALLAHASSE	
			HAS IAN	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Agent	tared Office address:	% 2	
	Effet frame of NEW Registered Agent and/of NEW Registered	tereu Office address.	T T	
	1201 Hays Street		FT (A	J
	NEW Registered Office Address:		<b> </b>	
			» u	
	Tallahassee	, FL_32301		
the chagent was/w	limited liability company is not organized under thange or changes are made, the Florida street addreswill be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the registered ed liability compan ers of the limited li	office and the business offic y, it is hereby confirmed that ability company or as otherw	e of the registered the change(s)
			ebe, Authorized Person	
-	ature of a member or authorized representative of a member		Printed or typed name of si	_
provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres d in writing of this change.	l agree to act in thi plete performance o vided for in Chapto ss, I hereby confirm	is capacity. I further agree to of my duties, and I am familio er 605, F.S. Or, if this docun a that the limited liability con	o comply with the or with and accept nent is being filed npany has been

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

Drace L-Kuble