FILED
May 05, 2003 8:00 am
Secretary of State

04-14-2003 90899 011 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024275

1. Entity Name
13581 ENTERPRISES, LLC *
The Surgery & Endoscopy Center LLC

NC
2/24/03

Principal Place of Business	Mailing Address
3581 SOUTH HIGHLAND AVENUE SEBRING FL 33870	3581 SOUTH HIGHLAND AVENUE SEBRING FL 33870

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3201 Physicians Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sebring FL		City & State	
Zip: 33870	Country	Zip	Country

4. FEI Number: 04-3747286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, GARY 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3.14.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Vinod C. Thakkar M.D. 3581 S Highlands Ave Sebring FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE VERIFIED 03.14.03 8633855129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

State of Florida

Department of State

I certify the attached is a true and correct copy of Certificate of Amendment, filed on February 24, 2003, to the Articles of Organization for 3581 ENTERPRISES, LLC which changed its name to THE SURGERY & ENDOSCOPY CENTER, LLC, a Florida limited liability company, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H03000061661. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this limited liability company is L02000024275.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-fifth day of February, 2003

Authentication Code: 503A00012057-022503-L02000024275-1/1

350036000

Ken Detzner
Ken Detzner
Secretary of State

CR2EO22 (1-99)