

L030000021143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

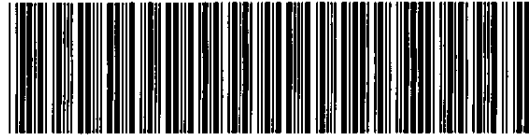
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JUL 21 2011

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 JUL 20 AM 8:30



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 849888 4369500

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 20 AM 8:30

ORDER DATE : July 19, 2011

ORDER TIME : 9:36 AM

ORDER NO. : 849888-015

CUSTOMER NO: 4369500

CHANGE OF AGENT

NAME: PARK PLACE SURGERY CENTER,
L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER: _____

**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. Name of the limited liability company: PARK PLACE SURGERY CENTER, L.L.C.

2. (a) Principal office address of limited liability company: 5501 West Gray Street
(Note: **MUST BE STREET ADDRESS**) Tampa, FL 33609

(b) Mailing address of limited liability company: 5501 West Gray Street
(Note: **MAY BE POST OFFICE BOX**) Tampa, FL 33609

June 6, 2003 L03000021143

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: CORPDIRECT AGENTS, INC.

Registered Office Address: 515 E. Park Ave
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32301

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.

Michael Doyle
(Signature of a member or authorized representative of a member)

Michael Doyle, CEO

(Printed or typed name of signer)

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.

By: Sylvia Queppet

(Signature of Registered Agent)

Corporation Service Company Sylvia Queppet, Assistant Vice President

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

FILING FEE: \$25.00

FILED
JUL 20 AM 8:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS