

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000027720

FILED
Oct 04, 2006
Secretary of State

Entity Name: SURGERY CENTER INVESTORS OF WELLINGTON, LLC

Current Principal Place of Business:

10115 FOREST HILL BLVD., SUITE 400
WELLINGTON, FL 33414

New Principal Place of Business:

1395 STATE ROAD 7
SUITE 100
WELLINGTON, FL 33414 US

Current Mailing Address:

10115 FOREST HILL BLVD., SUITE 400
WELLINGTON, FL 33414

New Mailing Address:

1395 STATE ROAD 7
SUITE 100
WELLINGTON, FL 33414 US

FEI Number: 20-0116673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HERBST, SETH
1395 SR 7, STE 100
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

HERBST, SETH J
1395 STATE ROAD 7, STE 100
WELLINGTON, FL 33414 US

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.

SIGNATURE: SETH J. HERBST

10/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERBST, SETH J
Address: 1395 SR 7, STE 100
City-St-Zip: WELLINGTON, FL 33414 31

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERBST, SETH J
Address: 1395 STATE ROAD 7, STE 100
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SETH J. HERBST

MGRM

10/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date