

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000064641

FILED
Nov 20, 2014
Secretary of State

Entity Name: SOUTHPOINT SURGERY CENTER, L.L.C.

Current Principal Place of Business:

7051 SOUTHPOINT PARKWAY S.
1ST FLOOR
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

7051 SOUTHPOINT PARKWAY S.
1ST FLOOR
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-3579196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICOLITZ, ERNST
7051 SOUTHPOINT PARKWAY S.
3RD FLOOR
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: ERNST NICOLITZ

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: NICOLITZ, ERNST M.D.
Address: 7051 SOUTHPOINT PARKWAY S.
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM
Name: BORLAND GROOVER CLINC HOLDINGS
Address: 4800 BELFORT RD
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ERNST NICOLITZ

DR

11/20/2014

Electronic Signature of Authorized Person

Date