

L040000 69257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

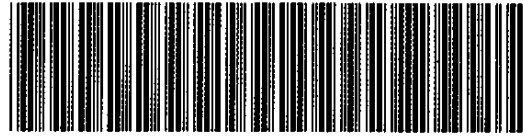
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L04-69257

906A-49343



To Whom It May Concern:

Please process the enclosed filings. If you should have questions or need to return confirmation documents please contact/mail:

Sarah Feb
Adventist Health System
111 N. Orlando Avenue
Winter Park, Florida 32789

407-975-1494

Many thanks for your assistance.

A handwritten signature in cursive script that reads "Sarah Feb".

Sarah Feb
Legal Department

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Celebration Surgery Center, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000069257

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Feb
(Name of Contact Person)

Adventist Health System
(Firm/Company)

111 N. Orlando Avenue
(Address)

Winter Park, Florida 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Feb at (407) 975-1495
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2006

SARAH FEB
111 N ORLANDO AVENUE
WINTER PARK, FL 32789

SUBJECT: CELEBRATION SURGERY CENTER LLC
Ref. Number: L04000069257

We have received your document for CELEBRATION SURGERY CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 906A00049343

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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