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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.

Sarah Feb

Legal Department

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JG 25 AM €

111 North Orlando Avenue

WINTER PARK, FL 32789-3675

PHONE: 407-647-4400

COVER LETTER

Celebration Surgery Center, LLC SUBJECT: (Name of Corporation) L04000069257 DOCUMENT NUMBER: 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: 407 975-1495 (Area Code & Daytime Telephone Number) Sarah Feb

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

(Name of Contact Person)

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

TO:

Amendment Section Division of Corporations



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 calk (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 906A00049343

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.

408,

1. The name of the limite	ed liability company is:	Celebr	ation	Surger	y Center	, LLC	·
2. The mailing address of Celebration,	fthe limited liability com Florida 34747	npany is:_	410 (Celebra	tion Pla	ce. Si	<u>li</u> te
9/22/04			L0400	006925	7	_	
3. Date of filing/registrat	ion in Florida		4. Docui	ment numb	er		
5. The name of the register Florida Department of	ered agent and the registe State:	red office a	ddress as	s shown on	the records	of the	
·	F&L Corp.					ZS.	90
		Vame	g	L = : 4304		₽ä	AUG
	One Independen	ddress	- Sui	.te 1300)	HAS	6 25
	Jacksonville,		32202	2			
	City, St	ate and Zip)			골유	1
6. The name and address of	of the new registered age	nt and/or of	Tice:			STATE	8: 16
	_David Alcober					≫	တ
	Na 410 Celebratio	me n Way	Suita	408			
•	Florida street address (
			0	p.a.5.0)			
	Celebration]		747				
	City, Stat	te and Zip					
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authorized)	ange or changes are mad the registered agent will le eby confirmed that the ch ited liability company or	le, the Flori be identical hange(s) wa as otherwi	da street . Or. in t	address of the case of	the registere a Florida lin	d office	; 1
(Printed or typed name of signee)	1+2	 _					
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to (Signature of Registered Agent)	niment as registered ager of all statules relative to accept the obligations on its document is being file that the limited liability c	nt and agree the proper f my position d to merely ompany ha	e to act in and com in as regi reflect a s been no	n this capac plete perfo stered age change in stified in wi	city. I furtheormance of not as provide the registere riting of this	r agree l ny duties, ed for in ed office change.	' o

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)