

L05000 107158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

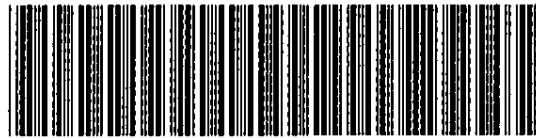
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JAN 27 2012

EXAMINER



900215668089

RECEIVED
DEPARTMENT OF STATE
12 JAN 27 AM 10:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 27 PM 1:56



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 067601 7393971

AUTHORIZATION

COST LIMIT \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 27 PM 1:56

ORDER DATE : January 20, 2012

ORDER TIME : 9:15 AM

ORDER NO. : 067601-010

CUSTOMER NO: 7393971

CHANGE OF AGENT

NAME: ORANGE CITY SURGERY CENTER,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

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: ORANGE CITY SURGERY CENTER, LLC

2. (a) Principal office address of limited liability company: 975 Town Center Drive
Suite 100
Orange city, FL 32763

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

November 3, 2005

L05000107158

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:

Thomas Kropp

Registered Office Address:

305 East New York Avenue
Deland, FL 32724

(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.

[Signature]
(Signature of a member or authorized representative of a member)

John W. Lawrence, Jr., SVP, MANAGER
(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:

[Signature]
(Signature of Registered Agent)

Corporation Service Company Grace E. Kirby, Asst. Vice President

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

FILING FEE: \$25.00