

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000118977

**FILED**  
**Oct 23, 2007**  
**Secretary of State**

**Entity Name:** SPECIALTY SURGERY CENTER, LLC

**Current Principal Place of Business:**

1660 MEDICAL BLVD., SUITE 100  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1660 MEDICAL BLVD., SUITE 100  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE, SUITE 300  
NAPLES, FL 34109    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: KIMBERLY LEACH JOHNSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR                      ( ) Delete  
Name: KENT, KRISTON J  
Address: 1660 MEDICAL BLVD, SUITE 100  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: MGRM                      (X) Change ( ) Addition  
Name: KENT, KRISTON J  
Address: 1660 MEDICAL BLVD, SUITE 100  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify 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: KRISTON J KENT

MGRM

10/23/2007

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