

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000077571

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** SURGERY CENTER BUILDING PARTNERSHIP, L.C.

**Current Principal Place of Business:**

6717 NW 11TH PLACE STE A  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

6925 NW 11TH PLACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

6717 NW 11TH PLACE STE A  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 20-5385440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SELL, CARLA  
6717 NW 11TH PLACE STE A  
GAINESVILLE, FL 32605 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: CARLA SELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SNODGRASS, GREGORY D  
Address: 708 EAST UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR  
Name: BALCH, KYLE MD  
Address: 6717 NJW 11TH PL STE A  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR  
Name: CATLIN, JEFFREY R MD  
Address: 6717 NW 11TH PLACE STE A  
City-St-Zip: GAINESVILLE, FL 32605

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 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: JEFFREY R. CATLIN, MD

MGR

09/30/2010

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