L U60000960 67

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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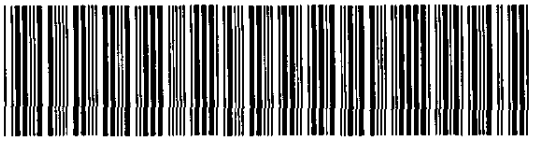
AUG 28 2012

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 27 PM 12:38

RECEIVED
DEPARTMENT OF STATE
12 AUG 27 PM 4:24

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 319629 7894024

AUTHORIZATION :

COST LIMIT : $ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 27 PM 12:38

ORDER DATE : August 21, 2012

ORDER TIME : 3:29 PM

ORDER NO. : 319629-006

CUSTOMER NO: 7894024

CHANGE OF AGENT

NAME: SURGERY CENTER OF CORAL GABLES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce -- EXT# 2919

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.

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DIVISION OF CORPORATIONS
12 AUG 27 PM 12:38

1. Name of the limited liability company: SURGERY CENTER OF CORAL GABLES, LLC

2. (a) Principal office address of limited liability company: 1097 LEJeune Road
Second Floor
Coral Gables, FL 33134
(Note: MUST BE STREET ADDRESS)

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

09/29/2006 — 3. Date of filing/registration in Florida

L06000096067 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Aran, Fernanndo S. Esquire

Registered Office Address: Aran Correa Guarch & Shapiro, P.A.
255 University Drive
Coral Gables, FL 33134

(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.

Maureen Cathell
(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person
(Printed or typed name of signee)

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: Grace E. Kirby, Assistant Vice President
(Signature of Registered Agent) Corporation Service Company

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

INHS18 (05/08)