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L07000018916

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

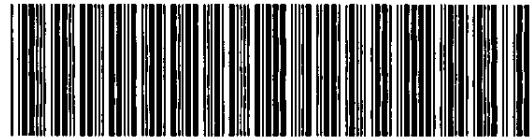
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 DEC 11 PM 6:34  
TALLAHASSEE, FLORIDA

B. BOSTICK  
DEC 10 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Surgery Center Enterprises, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina McDonald

Name of Person

Florida Surgery Center Enterprises, LLC

Firm/Company

5013 N Armenia Ave

Address

Tampa, FL 33614

City/State and Zip Code

cmcdonald@tampaoutpatient.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devanand Mangar

Name of Person

at ( 813 ) 909-6430

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Florida Surgery Center Enterprises, LLC

2. (a) Principal office address of limited liability company: 5013 N Armenia Ave  
(Note: **MUST BE STREET ADDRESS**) Tampa, FL 33603

(b) Mailing address of limited liability company: 5013 N Armenia Ave  
(Note: **MAY BE POST OFFICE BOX**) Tampa, FL 33603

02/19/2007

L07000018916

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:

Rasmussen, Robert C

Registered Office Address:

100 South Ashley Drive  
Suite 1300  
Tampa, FL 33602

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Devanand Mangar

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

Florida Surgery Center Enterprises, LLC  
5013 N Armenia Ave  
Tampa, FL 33603

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 of a member or authorized representative of a member

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.*

Signature of Registered Agent

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

**FILING FEE: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2013

CHRISTINA MCDONALD  
FLORIDA SURGERY CENTER ENTERPRISES, LLC  
5013 N. ARMENIA AVENUE  
TAMPA, FL 33614

SUBJECT: FLORIDA SURGERY CENTER ENTERPRISES, LLC  
Ref. Number: L07000018916

We have received your document for FLORIDA SURGERY CENTER ENTERPRISES, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 913A00026781