

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SURGICARE OF MIRAMAR, LLC

Certificate of Status	0
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Page Count	04
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1/20/2012

COVER LETTER

	Zurgicar	e of Miramar, L.L.C	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and foc(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		Donna Jarrell	
		Name of Person	
	1	enct Healthcare Corporation	
		Firm/Company	
		445 Ross Avenue, Suite 1400	·-
	· · · · · · · · · · · · · · · · · · ·	Address	
		Dallas, Texas 75202	
		City/State and Zip Code	
		City/State and Zip Code onna jarrell@tenethealth.com (to be used for fitture annual report sollifer	rion)
for further information		onna Jarrell@tenethealth.com (to be used for fitture annual report soilfice	stion)
or further information	E-mail uddress:	onna jarrell@tenethealth.com (to be used for future annual report notifies eall: at (469)	893.2701
	E-mail address: concerning this matter, please	onna jarrell@tenethealth.com (to be used for fitture annual report soulfice cell:	893.2701
Name	E-mail address: concerning this matter, please Donna Jarrell	onna jarrell@tenethealth.com (to be used for future annual report notifies eall: at (469)	893.2701
Name	E-mail address: concerning this matter, please Donna Jarrell of Person	onna jarrell@tenethealth.com (to be used for future annual report notifies eall: at (469)	893.2701
Name nolosed is a check for	E-mail address: concerning this matter, please Donna Jarrell of Person the following amount: [\$30.00 Filing Fee & Certificate of Status	onna jarrell@tenethealth.com (to be used for fitture annual report dollfler cell: at (469) Area Code & Daytime [\$555.00 Fitting Fee & Certified Copy (additional copy is enclosed)	893.2701 Telephone Number \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Name nolosed is a check for \$25.00 Filing Fee MAI Regis Divis	Concerning this matter, please to Donna Jarrell of Person the following amount: [330.00 Filing Fee & Certificate of Status	onna jarrell@tenethealth.com (to be used for fitture annual report dollfler cell: at (469) Area Code & Daytime 1 \$555.00 Fitting Fee & Certified Copy (additional copy is enclosed)	893.2701 Telephone Number \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

F1.055 - 05/06/2009 C T System Claime

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JAN 20 AM 8: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Surgicare of M	IALL	AHASSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.)	
. (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 1, 2007	and assigned
Florida document number Lo 7000023\3\.	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
Service Service of the Service of the Service	SAIL COMPRIST GEOVE	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbroviation
Enter new principal offices address, if applicable:	1445 Ross Avenue, Suite 1400	
(Principal office address MUST BE A STREET ADDRESS)	Dallas, Toxus 75202	
A THE HOLD OF THE BULLES WE US THE PLANTED STATE OF THE PROPERTY OF THE PROPER	Danis, IVAAA FIIVI	
Enter new mailing address, if applicable:	1445 Ross Avenue, Suite 1400	•
(Mailing address MAY BE A POST OFFICE BOX)	Dallas, Texas 75202	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the nume of the new
to be seen to again address (the new regarded office address new	<u>e-</u>	•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	. Florida	
	City , Fibrida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	lete performance of my duties, and I provided for in Chapter 608, F.S. Or,	am familiar with and if this document is
company has been notified in writing of this change.		
Îf Chun	ging Registered Agent, Signature of New R	egistered Agont
Page 1	of 2	

PAGE 03/04

FL055 - 05/06/2009 C. C System Unline



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being udded or removed from our records:

MGR = Ma MGRM = N	usger Nauaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Surgem, L.L.C.	4651 Sheridan Street, Suite 200 Hollywood, Florida 3302)	Add Remove
MGRM_	Lifemark Hospitals of Florida	Line. 1445 Ross Avenue, Suite 1400 Dallas, Texas 75202	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		ter change(s) bere: (Auach udditional sheets, if necessary	FILED 12 JAN 20 AM 8: 05 SEUKLIARY OF STATES TALLAHASSEE, FLORIDA
Dated	January 19	. <u>2012</u> .	
	Signature of	tina A. Macle fü member or authorized representative of a member	-
	·	ina A. Mack, Secretary of Managing Member	
		Typed or printed name of signee	<u> </u>

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