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EXAMINER



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ON SERVICE COMPANY.	<u> </u>			
ACCOUNT NO. :	12000000195 , 3			
REFERENCE :	849888 4369500			
AUTHORIZATION :	Lovello Blance			
COST LIMIT :	\$ (23.00			
ORDER DATE : July 19, 2011				
ORDER TIME : 9:40 AM				
ORDER NO. : 849888-026				
CUSTOMER NO: 4369500				
CHANGE OF AGENT				
NAME: SURGERY PARTNERS OF LAKE MARY, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Matthew Young EXT# 2962				
	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.

Signature of a member or authorized representative of a member) Mi chael hoyle. CEO Printed or typed name of signee) Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I im familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby onfirm that the limited liability company has been notified in writing of this change.	•	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) May 30, 2007 L07000056958 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: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) fthe limited liability company is not organized under the laws of the State of Florida, 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 imited liability company. Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes) Michael have CED Printed or byped name of signes and signes of the proper and complete performance of my duties, and I my suffing of this change.	I. Name of the limited liability company: SURGERY PA	ARTNERS OF LAKE MARY, LLC
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) May 30, 2007 L07000056958 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: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) fthe limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed hat after the change or changes are made, the Florida street address of the registered office and the business fflice of the registered agent will be identical. Or, in the case of a Florida, 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 imited liability company. Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO P	2. (a) Principal office address of limited liability company	· 5501 W. Gray Street
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) May 30, 2007 L07000056958 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: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) fthe limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed hat after the change or changes are made, the Florida street address of the registered office and the business fflice of the registered agent will be identical. Or, in the case of a Florida, 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 imited liability company. Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO Printed or byped name of signee or authorized representative of a member) Michael Dayle, CEO P	(Note: MUST BE STREET ADDRESS)	Tampa, FL 33609
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Registered Agent: Registered Office Address: Registered Office Address: S15 East Park Avenue Tallahassee, FL 32301 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Corporation Service Company NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) f 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 of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is creby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company. MI chael loyle, CEO Printed or typed name of signee) Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I maintify with and accept the obligations of my pastitud as registered agent agent agreement of this change in the registered address, I hereby onfirm that the limited liability company has been notified in writing of this change.		
Registered Office Address: Tallahassee, FL 32301	5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept, of State:
Registered Office Address: Tallahassee, FL 32301	5	CORPORECT AGENTS INC
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Tallahassee Tallahassee 1201 Hays Street Tallahassee	Registered Agent:	CORPORECT AGENTS, INC.
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Tallahassee Talla	<u>NEW</u> Registered Agent:	Corporation Service Company
Tallahassee		1201 Hays Street
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y: Signature of Problered Agent	I hereby accept the appointment as registered agent and agenty with the provisions of all statutes relative to the provisions of the obligations of my position as fail and accept the obligations of my position as S. Or, if this document is being filed to merely reflect a clean firm that the limited liability company has been notified.	ree to act in this capacity. I further agree to ver and complete performance of my duties, and I is registered agent as provided for in Chapler 608, ange in the registered office address, I hereby in writing of this change.
Signature of Productered Appell	Rv· C L	
Corporation Service Company Sylvia Queppet, Assistant Vice President		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00