

10/5/22, 9:04 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
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SECRETARY OF STATE  
TALLAHASSEE, FL

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**LLC REGISTERED AGENT CHANGE  
NATIONAL SURGICAL CENTERS OF AMERICA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

C. BRUMBLEY  
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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: NATIONAL SURGICAL CENTERS OF AMERICA, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

5365 W. Atlantic Avenue Suite 501

Delray Beach, FL 33484-8194

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

5365 W. Atlantic Avenue Suite 501

Delray Beach, FL 33484-8194

02/09/2009

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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:  
CORPORATION SERVICE COMPANY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS ST

TALLAHASSEE, FL 32301

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

/s/ NEIL KUNKEL

Signature of a member or authorized representative of a member

NEIL KUNKEL, CHIEF LEGAL OFFICER

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 605, 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: C T Corporation System /s/ Joe Davis

Joe Davis, Asst. Secretary

Signature of Registered Agent

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

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