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Division of Corporations

L09000112377

Florida Department of State
Division of Corporations
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TALLAHASSEE, FL 32310

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**LLC REGISTERED AGENT CHANGE
ALLIANCE SURGICAL CENTER, LLC**

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K. SALY

JUL 28 2025

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: ALLIANCE SURGICAL CENTER, LLC
2. (a) 917 Rinehart Road, Suite 1001, Lake Mary, FL 32746
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 917 Rinehart Road, Suite 1001, Lake Mary, FL 32746
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 11/23/2009
Date of filing/registration in Florida
4. L09000112377
Document number
5. (a) C T Corporation System
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 S PINE ISLAND RD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL 33324
- (b) United Agent Group Inc.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
801 US Highway 1
NEW Registered Office Address:
North Palm Beach, FL 33408

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.

Adia Myles

Signature of a member or authorized representative of a member

Adia Myles, Attorney-in-Fact

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.

Adia Myles

Signature of Registered Agent

Adia Myles, Special Secretary

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