

# U10000015599

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**To:**

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

**From:**

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 678-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

11/24/2010 10:50 AM NOV 24

RECEIVED  
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 SECRETARY OF STATE  
 FLORIDA  
 TALLAHASSEE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 NORTH PALM BEACH COUNTY SURGERY CENTER, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

T. CLINE

NOV 29 2010

EXAMINER

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[Help](#)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Palm Beach County Surgery Center, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ceci Estill

Name of Person

HCA Management Services, L.P.

Firm/Company

One Park Plaza - Legal Dept.

Address

Nashville, TN 37203

City/State and Zip Code

Shirley.Scharf@hcahealthcare.com

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

For further information concerning this matter, please call:

Ceci Estill

at ( 615 )

344-2994

Name of Person

Area Code & Daytime Telephone Number

SEARCHED  
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NOV 24 2004  
FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &

Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,

Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6927  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

North Palm Beach County Surgery Center, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/19/2010 and assigned  
Florida document number L10000075599.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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PL055 - 06/04/2009 C7 System Online

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                 | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|-----------------------------|--|--|
| MGRM         | Columbia Palm Beach GP, LLC | One Park Plaza - Legal Department<br>Nashville, TN 37203 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | R. Milton Johnson           | One Park Plaza<br>Nashville, TN 37203                    | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | A. Bruce Moore, Jr.         | One Park Plaza<br>Nashville, TN 37203                    | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Greg Beasley                | One Park Plaza<br>Nashville                              | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                             |  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                             |  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                             |  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 11-23, 2010.

  
Signature of a member or authorized representative of a member

John M. Franck II, Authorized Representative of Managing Member  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00