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NAME:

PPH OF NORTHWEST FLORIDA, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION:

COVER LETTER

TO: Registration Sec Division of Corp			
PPH of N	orthwest Florida, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Mark D. Edwards		
		Name of Person	
	Practice Partners in	Healthcare, Inc.	
	***************************************	Firm/Company	
1 Chase Corporate Drive, Suite 200			
		Address	
	Birmingham, AL 35	244	
		City/State and Zip Code	,
	medwards@practice	partners.org to be used for future annual report notific	ation)
For further information co	oncerning this matter, please c	·	, tomat t
William W. Horton	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	205 244-5221	Celephone Number
Name of	Person	Area Code Daytime	elephone Number
Enclosed is a check for the	e following amount:		PTT - II
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

PPH of Northwest Florida, L			
(Name of the Limited	d Linbility Company as i A Fiorida Limited Liability	t now annears on our records y Company)	<u>,)</u>
The Articles of Organization for this Limited Lia Florida document number L13000014575	bility Company were	filed on <mark>January 28, 2</mark> (013 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability c	ompany here:	
Sacred Heart Surgery Center of Crestyl	ew, LLC		
The new name must be distinguishable and end with the w	ords "Limited Liability Co	mpany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office a	iddress on our records,	, enter the name of the ne
Name of New Registered Agent;			
New Registered Office Address:			
Enter Florida street address			
		, Flor	rida
	C	² (y	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			□ Remove	
			□ Add	
			Встоус	
			□ Add	
			□ Remove	
			□ Add	
			☐ Remove	
			[] Add	
			□ Remove	
			DEC 19	
			DAGES SERVICES ON THE STATE OF	

). If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the da (The offective date must be specific, cannot b the date this document is filed by the Florida	te of filling: (optional) so prior to date of receipt or filed date and cannot be more than 90 days after la Department of State)
Dated December 17	2014
	nature of a member or authorized representative of a member
Larry D. Taylor	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 DEC 19 AMIL: 17