L13000030402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR 15 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAR 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURGCENTER OF PALM BEACH GARDENS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCIA ALCIRA
Name of Person

SURGCENTER OF PALM BEACH GARDENS LLC
Firm/Company

900 VILLAGE SQUARE CROSSING, SUITE 100
Address

PALM BEACH GARDENS, FL 33410
City/State and Zip Code

ADMIN@SURGPALMBEACH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCIA ALCIRA at (561) 429-6880
Name of Person — Area Code & Daytime Telephone Number

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2019

LUCIA ALCIRA
900 VILLAGE SQUARE CROSSING
SUITE 100
PALM BEACH GARDENS, FL 33410

SUBJECT: SURGCENTER OF PALM BEACH GARDENS LLC
Ref. Number: L13000030402

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 019A00004404

RECEIVED
2019 MAR 15 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2019

LUCIA ALCIRA
900 VILLAGE SQUARE CROSSING
SUITE 100
PALM BEACH GARDENS, FL 33410

SUBJECT: SURGCENTER OF PALM BEACH GARDENS LLC
Ref. Number: L13000030402

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00003575

RECEIVED
2019 FEB 28 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FL

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: SURGCENTER OF PALM BEACH GARDENS LLC

2. (a) 900 VILLAGE SQUARE CROSSING
SUITE 100
PALM BEACH GARDENS, FL 33410

Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

(b) 900 VILLAGE SQUARE CROSSING
SUITE 100
PALM BEACH GARDENS, FL 33410

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

3. 02/27/2013
Date of filing/registration in Florida

4. L13000030402
Document number

5. (a) GODFREY, JENNIFER B

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

900 VILLAGE SQUARE CROSSING
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
SUITE 100
PALM BEACH GARDENS, FL 33410

(b) LUCIA ALCIRA

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

900 VILLAGE SQUARE CROSSING
NEW Registered Office Address:
SUITE 100
PALM BEACH GARDENS, FL 33410

FILED
2019 MAR 15 PM 4:39
TALLAHASSEE, FL

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.

Steven Hammerstrom, DPM
Signature of a member or authorized representative of a member

STEVEN HAMMERSTROM, DPM MANAGER
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.

Signature of Registered Agent

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

INHS18 (2/14)