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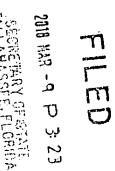
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www.fmpm.com

March 7, 2018

Florida Department of State **Division of Corporations Registration Section** PO Box 6327 Tallahassee, FL 32314

Re:

Name Change for LLC - Document #L14000023815

Dear Sir/Madam:

Enclosed please find documents for a name change for our LLC and check #1593 for \$25.00 for the filing fee.

Should you have any questions, please contact Sana Hassan or Deborah at 727-548-6100, Ext. 206.

Thank you.

Sincerely,

KAZI M HASSAN, MD 6333 54th Ave N

St. Petersburg, FL 33709

COVER LETTER

TO:		istration Sec ision of Corp			
CHDIE	CT.	West Coast S	Surgical Center, LLC		
SUBJE	CI.		Name of Lim	nited Liability Company	
			amendment and fee(s) are sub	·	
			Sana Hassan		
				Name of Person	
			West Coast Surgical Center	er, LLC	
				Firm/Company	
			6333 54th Ave N		
			· · · · · · · · · · · · · · · · · · ·	Address	
			St. Petersburg, FL 33709		
			shassan@fmpm.com	City/State and Zip Code	2016 F
For furt	her in	formation co	E-mail address: (ncerning this matter, please c	(to be used for future annual report notification) The state of the s	MAR -9 F
Sana Ha	assan			727 548-6100, Ext 206	
	•	Name of	Person	Area Code Daytime Telephone Number	₩ ₩ 23
Enclose	d is a	check for the	e following amount:	·	
\$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &

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

West Coast Surgical 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 February 11, 2014 and assigned Florida document number L14000023815 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Clearwater Surgical Center, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: U پې Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
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	 		□ Add
			□ Remove
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te: If the date inserted in this	nust be specific and cannot be prior to date of block does not meet the applicable statu Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605 tory filing requirements, this date will not be liste
record specifies a delay The 90th day after the re		ective time, at 12:01 a.m. on the earlie
March 7	, 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00