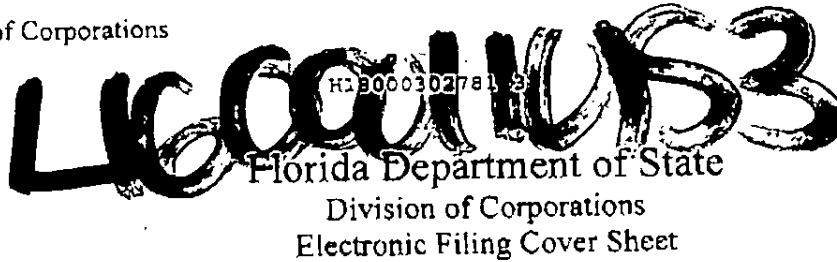


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations
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Account Name : CARLTON FIELDS
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Email Address: N/A

LLC REGISTERED AGENT CHANGE
THE SURGERY CENTER AT TGH BRANDON HEALTHPLEX,
LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2018 OCT 22 A 6:36

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10/23/18 DS

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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: THE SURGERY CENTER AT TGH BRANDON HEALTHPLEX, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
10740 PALM RIVER RD
TAMPA, FL 33619

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
10740 PALM RIVER RD
TAMPA, FL 33619

3. 06/08/2016 Date of filing/registration in Florida

4. L16000110153 Document number

5. (a) FLORIDA HEALTH SCIENCES CENTER, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ONE TAMPA GENERAL CIR
TAMPA, FL 33606-3571

(b) CF REGISTERED AGENT, INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
100 S. ASHLEY DR., SUITE 400
TAMPA, FL 33602

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.

Matthew M. Pinner
Signature of a member or authorized representative of a member

Matthew M. Pinner
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.

Joseph F. Brubaker
Signature of Registered Agent

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

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