L18000105435

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(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Beach Surgical Suites, 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:

Heather Mason
Name of Person

Palm Beach Surgical Suites, LLC
Firm/Company

4210 Burns Road Suite 150
Address

Palm Beach Gardens, FL 33410-4625
City/State and Zip Code

hmason@palmbeachsurg.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Heather Mason at (772) 260-4018
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

INHS18 (2/14)

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: Palm Beach Surgical Suites, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

4215 Burns Road Suite 150

Palm Beach Gardens, FL 33410-4625

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

3030 N. Rocky Point Dr. Suite 150A

Tampa, FL 33607

3. April 26, 2018
Date of filing/registration in Florida

4. L18000105435
Document number

5. (a) Tom Glover
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Northwest Registered Agent, LLC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

3030 N. Rocky Point Dr. Suite 150A

Tampa, FL 33607

(b) Heather Mason
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Palm Beach Surgical Suites, LLC

NEW Registered Office Address:

4215 Burns Road Suite 150

Palm Beach Gardens, FL 33410-4625

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.

X _____
Signature of a member or authorized representative of a member

James Kerpsack, MD
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.

Heather Mason
Signature of Registered Agent

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

INHS18 (2/14)