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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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30	annual	repor	t mailin	es.	Enter	only one	email	addre	ss nle	ase	**

LLC REGISTERED AGENT CHANGE CVI AMBULATORY SURGERY CENTER, LLC

Certificate of Status	0
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To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0111 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. N	ame of the limited liability company: CVI Ambulatory	Surgery	Center, LLC				
2. (a)						-	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address (Nate: MAY)	of limited link	oility company;	
	2111 SW 20TH PLACE	2111 SW 20TH PLACE					
	OCALA, FL 34471	OCALA, FL 34471					
	2/12/2020		L20000041	2717			
3.	Date of filing/registration in Florida	4.	-	Document nu	ımber		
5. (a)	Milam Howard Nicandri & Gillam, P.A.						
ν. (α)	Registered Agent and Registered Office shown on the records of 14 East Bay Street	the Flori	ia Dept of St	ale;			
	Registered Otlice Address (MUST BE FLORIDA STREET	ADDRES	<u>(3)</u>	_			
	Jacksonville, FL.	32202				2023	
(b)	C T Corporation System			_		77 77	
	Enter name of NEW Registered Agent and/or NEW Registered	_	~ . ~ .	:LLD 17 PM12:			
	NEW Registered Office Address.		<u></u>		9::		
	1200 South Pine Island Road	-	· - · · <u>-</u>		-,	25	
	Plantation	33324					
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of possession or the operating agreement of the Fang Xia.	ws of the fine the reg	istered office company, it mited liabili liability co	ce and the busing is hereby confidently company or a supany. ang Xia	ness office mied that t as otherwis	of the registero he change(s) se provided in	
Signat	ture of a memori or aumorized representative of a member			Printed or typed	nume of sign	lee	
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I'm writing of this change. I'm Competion System	ree 10 ac perforn d for in hereby c	t in this cap sance of my Chapter 60 confirm that	pactiv. I further duties, and I a 15, F.S. Or, if it t the limited lial	r agree to e m familiar us docume hility comp	comply with the with and accept is being file omy has been	
By: 1	CT Corporation System Adam Carr. Aut re of Registered Agent	horized F	erson				
Signatui	re of Registered Agent						