

9/3/21, 2:56 PM

Division of Corporations

L-21000377456

Florida Department of State  
Division of Corporations  
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LLC REGISTERED AGENT CHANGE  
SAMUEL WELLS SURGICENTER, LLC

Certificate of Status	0
Certified Copy	1
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2021 SEP -3 PM 3:41

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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2021 SEP -3 AM 10:51  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# 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: Samuel Wells Surgicenter, LLC
2. (a) 3590 University Boulevard South  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Unit 603 & 604  
Jacksonville, FL
- (b) 182 Industrial Road  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Glen Rock, PA 17327
3. 06/23/1992 Date of filing/registration in Florida
4. 1.21000377456 Document number
5. (a) Fisher, Tousey, Leas & Ball, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
501 Riverside Avenue, Suite 600  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Jacksonville, FL 32202
- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1200 South Pine Island Road  
NEW Registered Office Address:  
Plantation, FL 33324

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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.

Caryl L. Hollinger  
Signature of a member or authorized representative of a member

Caryl L. Hollinger  
Printed or typed name of signer

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.

Lisa D. DuBois, Assistant Secretary  
Signature of Registered Agent