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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

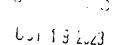
## LLC REGISTERED AGENT CHANGE TALLAHASSEE ORTHOPEDIC SURGERY CENTER, LLC

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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.

a) 3334 CAPITAL MEDICAL BLVD	),	(b)	(b) 3334 CAPITAL MEDICAL BLVD.		
Principal office address of limit (Note: MUST BE STRE		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
SUITE 400		SUITE 400			
TALLAHASSEE, FL 32308			TALLAHASSEE, FL 323	08	
1/28/1991		L	23000236474		
Date of filing/registrati	on in Florida	4.	Document nu	mber	
a)TARDI. KELBY					
Registered Agent and Registered Office	e shown on the records o	f the Florida F	ept. of State:		
				<del>,</del> ~3	
Registered Office Address (MUST)	BE FLORIDA STREET	ADDRESS)	<del></del>	ptor	
3334 CAPITAL MEDICAL BLV	D STE 400				
TALLAHASSEE	L.	32308			
C T Corporation System	, ' '	<u></u>		 	
)			<del></del>	9: 2	
Enter name of <u>NEW Registered Agen</u>	t and/or <u>NEW Registere</u>	<u>1 Office addr</u>	<u>: 198</u> :		
NEW Registered Office Address:		<del></del>			
1200 South Pine Island Road					
Plantation	. F1	33324			
e limited liability company is not or change or changes are made, the Flo at will be identical. Or, in the case of wore authorized by an affirmative v	rganized under the la orida street address o of a Florida limited li rote of the members	ws of the S f the registe lability com of the limit	tate of Florida, it is here tred office and the busing pany, it is hereby confi- ed liability company or	ness office of the registerned that the change	
articles of organization or the opera	ting agreement of the	e limited ha	bility company.		

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.

By:

CT Corporation System Agent Natalie Pickens. Assistant Secretary

Signature of a member or authorized representative of a member

Printed or typed name of signee