M0300000639

(Re	questor's Name)
(Ad	dress)
(Add	dress)
(City	//State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ви	siness Entity Name)
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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 608.416 o liability company submits the following statement agent, or both, in the State of Florida. 1. The name of the limited liability company is:	or 608.508, Florida Statutes, the undersigned in order to change its registered office or r Commercial Re Partners XVI-St. Peter Surgery Center, L.L.C.	egistered
, -		·
2. The mailing address of the limited liability comp	· · · · · · · · · · · · · · · · · · ·	
1750 South Brentwood Boulevard, Suite 701, St. Louis,	, MO 63144	
2/24/03	M0300000639	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of t	he
C T Corporation System		
	Vame	
1200 South Pine Island Ro	··· ··································	
	ddress	
Plantation, FL 33324	ate and Zip	06
6. The name and address of the new registered ager	nt and/or office:	FILED 06 NOV -7 AM 11: 3
NRAI Services, Inc.	商品	FILED -7 A
Na	ime D ²¹¹	=
2731 Executive Park Drive	, Suite 4	
Florida street address (I	P.O. Box NOT acceptable)	8
Weston	FL 33331	
City, Stat	te and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the change members of the limited liability company or as the operating agreement of the limited liability company.	le, the Florida street address of the registered of be identical. Or, in the case of a Florida limite nange(s) was/were authorized by an affirmative otherwise provided in the articles of organizate	office ed e vote of
(Signature of a member or authorized representative of a member)		
Cathi J. Wall, Auth. Representative (Printed or typed name of signee)	 ,	
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address. I hereby confirm that the limited liability of NRAI Services. Its	nt and agree to act in this capacity. I further of the proper and complete performance of my of my position as registered agent as provided and to merely reflect a change in the registered company has been notified in writing of this ch	igree to duties, for in office hange.
(Signature of Registered Agent) Sean L. Emerick. Asst. Secretary Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Commercial Re Partners XVI-St. Petersburg Surgery Center, L.L.C. 1. The name of the limited liability company is: 2. The mailing address of the limited liability company is: 1750 South Brentwood Boulevard, Suite 701, St. Louis, MO 63144 M03000000639 2/24/03 4. Document number Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: C T Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable) City, State and Zip 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. (Signature of a member or authorized representative of a member) Cathi J. Wall, Auth. Representative (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 608, 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. NRAI Sprices.

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

Sean L. Emerick. Asst. Secretary