## M0400000601

(Requestor's Name)								
(Address)								
(Add	iress)	<u></u>						
(City	/State/Zip/Phone	: #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates	of Status						
Special Instructions to Filing Officer:								

Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: May 15, 2017

Order#: 623626-296

Re: GAINESVILLE FL ORTHOPAEDIC ASC, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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. Na	ame of the limited liability	company: TF	IE GAINESVIL	LE FL C	RTHOPAE	DIC ASC, LLC			
2. (a)	1A Burton Hills Blvd  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_ (b)		1A Burton Hills Blvd				
				,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	Nashville	TN	37215	_	Nashville		TN	37215	
	02/16/2004				M040000	00607			
3.	Date of filing/reg	istration in Flo	orida	4.		Document number			
5. (a)	NRAI Services, Inc								
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	1200 South Pine Island	Road							
	Registered Office Address (	MUST BE FLOR	IDA STREET A	DDRESS)		•			
	Plantation		. FL	33324					
			7			•			
(b)	Corporation Service Corr	npany							
	Enter name of <u>NEW Registered</u>	I Agent and/or N	EW Registered (	Office add	ress:		 Ye		
	4004 11 044							17	
	1201 Hays Street  NEW Registered Office Addre	za.			<del></del>				
	Negistered Office reduce						6		
					<del></del>			Property of the second	
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	Tallahassee		, FL_	32301		-		₩ I =	
the cha agent v was/we	imited liability company is ange or changes are made, t will be identical. Or, in the ere authorized by an affirm icles of organization or the	he Florida stre case of a Flor ative vote of th	et address of t ida limited lia ne members of	the regist bility cor f the limi	ered office npany, it is ted liability	e and the business of s hereby confirmed the y company or as other	nce of th hat the cl	e registered ange(s)	
	s/ Jill Cilmi			Jill C	ilmi, Autho	rized Person			
_	ture of a member or authorized re	•				Printed or typed name of			
provisi the obi to mer notifie	by accept the appointment ions of all statutes relative ligations of my position as ely reflect a change in the id in writing of this change.	to the proper of	and complete part as provided to a provided to a provided to a ddress, I h	performa I for in C ereby co	nce of my d hapter 605 nfirm that	duties, and I am fam, , F.S. Or, if this doc the limited liability c	iliar with nument is ompany	and accept being filed has been	
Signatu	ire of Registered Agent Corpor		Company			by, Assistant Vice	Preside	nτ	