M05000000066

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000321274 3)))

H170003212743ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2017 DEC -7 PM 2:

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7708

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

Email Address: jeff.hurley@flaglerhospital.org

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OUTPATIENT SURGERY CENTER OF ST. AUGUSTINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Outpatient Surgery Center of St. Augustine, LLC

Enter new principal office address, if applicable: 400 Health Park Blvd.
St. Augustine, FL 32086

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 400 Health Park Blvd.
St. Augustine, FL 32086

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M05000000066

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 27, 2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Jeff Hurley

New Registered Office Address: 400 Health Park Blvd.
Enter Florida Street Address

St. Augustine, Florida 32086
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
(Please see attached addendum)

Title/ Capacity	Name	Address	Type of Action
MGR	Albert Volk, M.D.	1 Orthopaedic Pl Ste 100	☐ Add
		St. Augustine, FL 32086	☒ Remove
MGR	Kurtis Hort, M.D.	1 Orthopaedic Pl Ste 100	☐ Add
		St. Augustine, FL 32086	☒ Remove
MGR	Brian Haycook, M.D.	1 Orthopaedic Pl Ste 100	☐ Add
		St. Augustine, FL 32086	☒ Remove
MGR	Dr. Sina Kasraeian	One Orthopaedic Place Suite 100	☐ Add
		St. Augustine, FL 32086	☒ Remove
MGR	James Grimes, M.D.	1 Orthopaedic Pl Ste 100	☐ Add
		St. Augustine, FL 32086	☒ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

John Franks
Signature of the authorized representative

JOHN FRANKS
Typed or printed name of signee

Filing Fee: $25.00

(((H17000321274 3)))

ADDENDUM TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Section II

8.

Title / Capacity	Name	Address	Type of Action
MGR	Flagler Hospital, Inc.	400 Health Park Blvd. St. Augustine, FL 32086	Remove
MGR	John Stark, M.D.	One Orthopaedic Place Suite 200 St. Augustine, FL 32086	Remove
Manager	Matt Baker	400 Health Park Blvd. St. Augustine, FL 32086	Add
Manager	Jason Barrett	400 Health Park Blvd. St. Augustine, FL 32086	Add
Manager	Murray S. Marsh	400 Health Park Blvd. St. Augustine, FL 32086	Add
Manager	John Franks	400 Health Park Blvd. St. Augustine, FL 32086	Add
Manager	Miguel Machado, M.D.	400 Health Park Blvd. St. Augustine, FL 32086	Add