Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M05000000666

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To:
Division of Corporations
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From:
Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: yountw@shands.ufl.edu

LLC REGISTERED AGENT CHANGE
OUTPATIENT SURGERY CENTER OF ST. AUGUSTINE, LLC

Certificate of Status	0
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AUG 24 2023
K. Brumbley

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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.

1. Name of the limited liability company: Outpatient Surgery Center of St. Augustine, LLC

2. (a) Principal office address of limited liability company
(*Note: MUST BE STREET ADDRESS*)
400 Health Park Blvd
St. Augustine, FL 32086

(b) Mailing address of limited liability company
(*Note: MAY BE POST OFFICE BOX*)
400 Health Park Blvd
St. Augustine, FL 32086

3. Date of filing registration in Florida: 12/27/2004

4. Document number: M05000000066

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Jill Berry
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
100 Whetstone Place, Suite 203
St. Augustine, FL 32086

(b) Enter name of NEW Registered Agent and or NEW Registered Office address
Thomas William Young
NEW Registered Office Address
3007 SW Williston Rd Ste 1120
Gainesville, FL 32608

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SECRETARY OF STATE 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.

Signature of a member or authorized representative of a member

Carlton DeVaught
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 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.

Signature of Registered Agent

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

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