M0500003129

| (Re | equestor's Name) | | |
|---|------------------|-------------|--|
| (Ac | ddress) | | |
| . (Ac | ddress) | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | <u>.</u> | |
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SECRETARY OF STATE SECRETARY OF CORPORATIONS

Office Use Only

& BRYAM DEC 2.7 2005

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.

| 1. The name of the limited liability company is: | The Ocala FL ASC,LLC | | |
|--|--|---|--|
| 2. The mailing address of the limited liability co | | Floor . | |
| Nashville, TN 37215 | | | |
| 06/09/05 | M05000003129 | | |
| 3. Date of filing/registration in Florida | 4. Document number | 4. Document number | |
| 5. The name of the registered agent and the regist Florida Department of State: | stered office address as shown on the | records of the | |
| CT Corporation System | 1 | | |
| | Name | | |
| 1200 South Pine Island | I Rd. | | |
| | Address | | |
| Plantation, FL 33324 | | 90 SIA10 | |
| City, | , State and Zip | O D | |
| 6. The name and address of the new registered agent and/or office: | | ECRETAR SION OF C DEC 26 | |
| NRAI Services, Inc. | | ~~m | |
| | Name | PH RPC | |
| 2731 Executive Park Drive, Suite 4 | | S RET | |
| Florida street addres | ss (P.O. Box NOT acceptable) | TE FIONS | |
| Weston | FL 33331 | | |
| City, S | State and Zip | | |
| If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent w liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability company or | nade, the Florida street address of the ill be identical. Or, in the case of a Fle change(s) was/were authorized by an as otherwise provided in the articles company. | registered office lorida limited n affirmative vote of | |
| (Signature of a member of authorized representative of a memb | er) | | |
| Claire M. Gulmi (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability | gent and agree to act in this capacity e to the proper and complete perform is of my position as registered agent of filed to merely reflect a change in the ty company has been notified in writi | t. I further agree to tance of my duties, as provided for in the registered officeing of this change. | |
| (Signature of Registered Agent) | <u>ve</u> | | |
| Stephanie Thomas, Special Asst. Secv. | .O. Box 6327, Tallahassee, FL 3231 | 14 | |

FILING FEE: \$25.00

INHS18(10/99)