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DIVISION OF CORPORATIONS

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 lin	nited liability company is	s: The Orlando FL Endoscopy AS0	C,LLC
		company is : 20 Burton Hills Blvd.	
Nashville, TN 37215			
06/09/05		M05000003132	
3. Date of filing/registration in Florida 4. Docum		4. Document nur	nber
5. The name of the reg Florida Department		sistered office address as shown of	on the records of the
•	CT Corporation Syste	em	-
		Name	SECRETARY SECRETARY 06 DEC 26
	1200 South Pine Islar		
	1200 000111 1110 10101	Address	日野
	Plantation, FL 33324	11441	26 F.A.
City, State and Zip		- COX	
6. The name and addre	ess of the new registered	•	PH 3: 25
	NRAI Services, Inc.		25 TONS
	2731 Executive Park [Name Drive, Suite 4	Ç.
	Florida street addre	ess (P.O. Box NOT acceptable)	
	Weston	FL 33331	
•	City,	State and Zip	
confirmed that after the and the business office liability company, it is the members of the linthe operating agreeme	e change or changes are of the registered agent to hereby confirmed that the nited liability company ont of the limited liability		of the registered office of a Florida limited
(Signature of a member or au	thorized representative of a men	iber)	
Claire M. Gulmi (Printed or typed name of sig	mee)		
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby conf NRAI Services. Inc.	sions of all statutes relation and accept the obligation if this document is being the limited habit.	agent and agree to act in this ca ive to the proper and complete p ons of my position as registered in g filed to merely reflect a change lity company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office mriting of this change.
Stephanie Thomas, Spe	ecial Asst. Secv.	P.O. Box 6327, Tallahassee, FL	, 32314

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