Ni 10000003722

(Red	questor's Name)					
(Ado	dress)					
(Add	dress)					
(City	//State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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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#: 623626-310

Re: HILLMOOR EYE SURGERY CENTER, 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	me of the limited liability company: HILLMOOR EYE	SURGE	RY CENTE	R, 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
2		08/23/2010 Date of filing/registration in Florida	_	M1000000	3722 Occument number	
3.		Date of Hillgregistration in Florida	4.	L	ocument number	
5.	(a)	NRAI Services, Inc		200		
		Registered Agent and Registered Office shown on the records of the	ne Florida l	Dept. of State:		
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)			
						mary and
		Plantation .FL	33324			十 章 三
		, r.L.	33324			
	(b)	Corporation Service Company				=
	(-)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ess:		2
						63
		1201 Hays Street		 -		
		NEW Registered Office Address:				
		Tallahassee , FL_	32301			
the ag wa	e cha ent v is/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li-	the regist bility cor the limit	ered office a npany, it is hed liability of	and the business offic hereby confirmed that company or as otherw	te of the registered the change(s)
/s/ Jill Cilmi			Jill Ci	lmi, Authoriz		
:	Signat	ure of a member or authorized representative of a member		F	rinted or typed name of s	ignee
pre the to no	ovisi e obli mere tified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided its reflect a change in the registered office address, I have a considered of this change. I have a considered Agent Corporation Scrvice Company	performa for in Ci ereby coi	nce of my du hapter 605, h hfirm that th	ity. I further agree to ties, and I am familing. S. Or, if this document limited liability congrey, Assistant Vice P	ar with and accept nent is being filed npany has been
		corporation borrios company			,	