

CT CORPORATION SYSTEM

CORPORATION(S) NAME

M980000001020

~~1) Oakridge Ambulatory Surgery, LLC;~~

2) Oakridge Ambulatory Surgery, LLC;

~~3) Oakridge Ambulatory Surgery, LLC;~~

~~4) Oakridge Ambulatory Surgery, LLC;~~

~~5) Oakridge Ambulatory Surgery, LLC;~~

APPROVED
AND
FILED

01 NOV 15 PM 2:09 RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 15 PM 1:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/15/01

Order#: 4902258

500004684105--7

-11/15/01--01051--027

Ref#:

*****25.00 *****25.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

JK

11-1501

**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: Oakridge Ambulatory Surgery, LLC
2. The mailing address of the limited liability company is: 1000 N.E. 56th Street
Fort Lauderdale, FL 33334

- 9/14/98 M98000001020
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Gary Matzner
Name
1000 N.E. 56th Street
Address
Fort Lauderdale, FL 33334
City, State and Zip

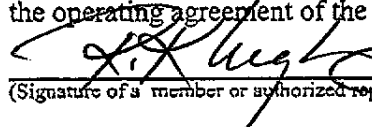
6. The name and address of the new registered agent and/or office:

CT Corporation System
Name
1200 S. Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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)

Richard K. Inglis, Member

(Printed or typed name of signer)

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 608, 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.

PETER F. SOUZA

ASSISTANT SECRETARY

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH518(10/99)

FILING FEE: \$25.00