M99000001538

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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SECRETARY OF STATE

HAT IS 2017 P. I.S.



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#: 623626-351

Re: THE MOUNT DORA OPHTHALMOLOGY ASC, 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:

Wilmington, DE 19808

Attn: Ashley Seeman c/o Corporation Service Company 2711 Centerville Road, Suite 400

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: THE MOUNT D	ORA OPI	HTHALMO	LOGY ASC, LLC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1A Burton Hills Boulevard Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Nashville TN 37215	<u> </u>	Nashville	TN	372	15	
2		09/30/1999 Date of filing/registration in Florida		M990000	01538 Document number		· 	
3.			4.		Document number			
5.	(a)	NRAI Services, Inc	the 121 mide	Domt of Stute				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		1200 South Pine Island Road	, D.D.D.COO					
		Registered Office Address (MUST BE FLORIDA STREET A	I <i>DDKESS)</i>		 4	· 🗠		
						=	વ્યા વ્ય હીં	
	(b)	Plantation , FL	33324		AHAS	1 YAH 1102	Marine Marine	
		Corporation Service Company			SEE SY C	7	j Ghav:	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		*		
		1201 Hays Street			TAIE ORIDA	9: 06	Service S	
		NEW Registered Office Address:						
		Tallahassee F1	32301					
		, FL	32301					
the ag wa	e cha ent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability cor f the limi	ered office npany, it is ted liability	and the business office hereby confirmed that company or as otherwi	of the	e registered ange(s)	
/s/ Jill Cilmi			Jill C	Jill Cilmi, Authorized Person				
	_	ure of a member or authorized representative of a member			Printed or typed name of sig	=		
no	приед	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change.						
Si	gnatur	e of Registered Agent Corporation Service Company	BY: Gr	ace E. Kir	by, Assistant Vice Pre	siden	I	

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