

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CARLTON FIELDS  
Account Number : 076077000355  
Phone : (813) 223-7000  
Fax Number : (813) 229-4133

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: Karen.davila@jupitermed.com

**LLC REGISTERED AGENT CHANGE  
JUPITER OUTPATIENT SURGERY CENTER, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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MAR 06 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jupiter Outpatient Surgery Center, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Davila, General Counsel

\_\_\_\_\_  
Name of Person

Jupiter Health, Inc.

\_\_\_\_\_  
Firm/Company

1210 S. Old Dixie Hwy

\_\_\_\_\_  
Address

Jupiter, FL 33458

\_\_\_\_\_  
City/State and Zip Code

karen.davila@jupitermed.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Davila

561

263-3720

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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. Name of the limited liability company: Jupiter Outpatient Surgery Center, LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2055 Military Trail, Suite 100  
Jupiter, FL 33458
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
2055 Military Trail, Suite 100  
Jupiter, FL 33458
3. 10/20/1999  
Date of filing/registration in Florida
4. M99000001680  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
H. Stacy Scroggins  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1005 W. Indiantown Road, Suite 101  
Jupiter, FL 33453
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NRAI Services, Inc.  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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

Steven Seeley, Manager

Printed or typed name of signee

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 605, 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.

By Paul  
Signature of Registered Agent HELEN LOMB, P.D. - ASSISTANT SECRETARY