**Division of Corporations** 

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## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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(((H12000300664 3)))



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Division of Corporations

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Phone : (239)344-1100 Fax Number : (239)344-1200

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## REGISTERED AGENT CHANGE SURGERY CENTER OF SOUTHWEST FLORIDA, INC.

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T. LEWIS

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## FAX AUDIT No. H12000300664 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SURGERY CENTER OF SOUTHWEST FLORIDA, INC.
2. The principal office address: 12631 WHITEHALL DRIVE, FORT MYERS, FLORIDA 33907
3. The mailing address (if different): 507 DEL PRADO BOULEVARD S, CAPE CORAL, FLORIDA 33990
4. Date of incorporation/qualification: JUNE 16, 2000 Document number: P00000058660
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
RONALD D. CASTELLANOS, MD (RESIGNED)
4855 DOCKSIDE DRIVE, APT 202
FORT MYERS, FL 33919
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  WILLIAM P. EVANS, MD
12631 WHITEHALL DRIVE
P.O. Box NOT acceptable
FORT MYERS, FLORIDA 33907
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
WILLIAM P. EVANS, MD., DIRECTOR Printed or typed name and title
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 ham familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registyred Agent December 20, 2013
f signing on behalf of an entity:
Typed or Printed Name

FAX AUDIT No. H12000300664 3 \*\* FILING FEE: \$35.00 \*\*\*

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)