

706000082384

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(Business Entity Name)

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14 MAR 28 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 01 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Southwest Acute Surgical Care, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P06000082384

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol A. Licko

Name of Contact Person

Hogan Lovells US LLP

Firm/Company

600 Brickell Avenue, Suite 2700

Address

Miami, FL 33131

City/State and Zip Code

carol.licko@hoganlovells.com

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

For further information concerning this matter, please call:

Carol A. Licko

Name of Contact Person

at ( 305 ) 459-6612

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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.

**FILED**

**14 MAR 28 AM 9:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of the corporation: Southwest Acute Surgical Care, Inc.

2. The principal office address: 601 N. Flamingo Road, Suite 211  
Pembroke Pines, FL 33028

3. The mailing address (if different): (same)

4. Date of incorporation/qualification: June 15, 2006 Document number: P06000082384

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)

Wilson Atkinson

Fowler White Boggs P.A.

1200 East Las Olas Boulevard, Suite 500, Fort Lauderdale, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dexter Sereda

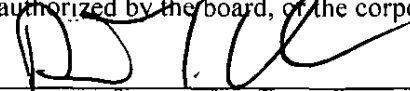
601 N. Flamingo Road, Suite 211

P.O. Box NOT acceptable

Pembroke Pines, FL 33028

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

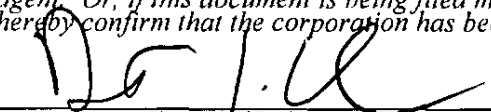
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Dexter Sereda, Director

Printed or typed name and title

*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 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 Registered Agent

3/12/14  
Date

If signing on behalf of an entity:

Dexter Sereda

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***