

P94000043064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

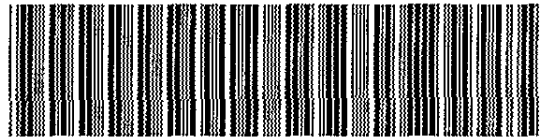
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400009630134

CA
Change

12/31/02--01051--022 **425.00

RECEIVED
02 DEC 31 PM 2:40
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
02 DEC 31 PM 5:02
SEC. OF REVENUE
TALLAHASSEE, FLORIDA

1/12/03

CT CORPORATION

December 31, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5746611 SO
Customer Reference 1: 005757/57279
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

SurgiCare of Deland, Inc. (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

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

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, the undersigned corporation organized under the laws of the State of Florida 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 corporation : SURGICARE OF DELAND, INC.

2. The mailing address of the corporation :

40 Burton Hills Blvd., Suite 400, Nashville, TN 37215

3. Date of incorporation/qualification: 06/09/1994 Document number: P94000043064

4. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System Inc.

1201 Hays Street

Tallahassee, Florida 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

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.

Kenneth C. Mitchell
(Signature of an officer, chairman or vice chairman of the board)

11/19/02
(Date)

Kenneth C. Mitchell - Vice President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

C T Corporation System

By: Mary R. Adams
(Signature of Registered Agent)

12/30/02
(Date)

If signing on behalf of an entity:

Mary R. Adams

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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