

P95000062593

Requester's Name

TASSONE & ELER

A Partnership of Professional Associations

1833 Atlantic Boulevard

Jacksonville, FL. 32207

City/State/Zip

Phone #

100005153871--7

-03/25/02--01063--001

****455.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 25 AM 8:43

RA/ROchang @
Examiner's Initials 4/1/02

**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 : MEDICAL PARTNERS SURGERY CENTER, INC.

2. The mailing address of the corporation : 1802 Largo Road
Jacksonville, Fl 32207

3. Date of incorporation/qualification: 8/14/95 Document number: P95000062593

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

Brett J. Lewis

1802 Largo Road

Jacksonville, Fl 32207

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

Frank Tassone, Esquire

1833 Atlantic Boulevard

Jacksonville, Fl 32207

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.

Brett J. Lewis
(Signature of an officer, chairman, or vice chairman of the board)

3/12/2002
(Date)

Doris H. Lewis Pres.
(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.

Frank Tassone
(Signature of Registered Agent)

3/13/02
(Date)

If signing on behalf of an entity:

Frank Tassone
(Typed or Printed Name)

Registered Agent
(Capacity)

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

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SECRETARY OF CORPORATIONS
02 MAR 25 AM 8:43