

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHYSICIANS DAY SURGERY CENTER, INC.
Name of Corporation

DOCUMENT NUMBER: P97000031621

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:

Autumn Piccolo
Name of Contact Person
Florida Healthcare Law Firm
Firm/Company
909 SE 5th Avenue Suite 200
Address
Delray Beach, FL 33483
City/State and Zip Code
apiccolo@floridahealthcarelawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Autumn Piccolo at (561) 455-7700
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2013

AUTUMN PICCOLO
FLORIDA HEALTHCARE LAW FIRM
909 SE 5TH AVENUE - SUITE 200
DELRAY BEACH, FL 33483

SUBJECT: PHYSICIANS DAY SURGERY CENTER, INC.
Ref. Number: P97000031621

We have received your document for PHYSICIANS DAY SURGERY CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 113A00001581

RECEIVED
13 JAN 31 AM 9:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Physicians Day Surgery Center, Inc.

2. The principal office address: 850 111th Avenue North
Coventry Square Naples, FL 34108

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/18/1997 Document number: P97000031621

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)

Meyer, Albert
909 SE 5th Avenue Suite 200
Delray Beach, FL 33483

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

Cohen, Esq., Jeffrey L.
909 SE 5th Avenue Suite 200
P.O. Box NOT acceptable
Delray Beach, FL 33483

FILED OF STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
13 JAN 31 PM 09:51

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

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

1/18/2013
Date

If signing on behalf of an entity:

Typed or Printed Name

***** 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)