P9800005838P

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Surgery Center of Okeechobee, Inc.		
(Name of Corporati	on)	
DOCUMENT NUMBER: P98000058388	and the second s	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the f	following:	
	-	
Robert Rappel		
(Name of Contact Person)		
DEC Consultants, Inc.		
(Firm/Company)		
1515 Indian River Boulevard, Suite A-210		
(Address)		
Vero Beach, FL 32960		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Robert Rappel at (7) (Name of Contact Person)	772 778-8885 Area Code & Daytime Telephone Number)	
(Name of Contact Felson)	Trea Code & Daytime Telephone (Valideer)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
A GERMANDO OF A SERVICE	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.	
1. The name of the corporation: SURGERY CENTER OF OKEECHOBEE, INC.	
2. The principal office address: 1655 Highway 441 North	_
Okeechobee, FL 34972	_
3. The mailing address (if different): Same	
-	- ·
4. Date of incorporation/qualification: 6/30/1998 Document number: P98000058388	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Rappel, Robert	
c/o Rappel & Rapael	7
5070 HWY AIA, STE 221, Vero Beach, FL 32960	17
5070 HWY AIA, STE 221, Vero Beach, FL 32960 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):)
DEC Consultants, Inc.	
1515 Indian River Boulevard, Suite A-210	
(P.O. Box NOT acceptable)	
Vero Beach, FL 32960	
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 charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.	
(Signature of the officer or pingtor) Personant John Lanza (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) (Dafe)	
If signing on behalf of an entity:	
Robert Rappel (Typedor Printed Name)	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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