P98000080547

4/23/2015 Apr. 23 2015 11:46AM Division of Corporations No. 2181 P. 1

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

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REGISTERED AGENT CHANGE
GLOBAL SURGICAL PARTNERS, INC.

Certificate of Status	0
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Estimated Charge	$35.00

RA Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLOBAL SURGICAL PARTNERS, INC.
Name of Corporation

DOCUMENT NUMBER: P98000080547

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:

SUSAN GENEROTTI
Name of Contact Person

AMSURG CORP.
Firm/Company

1A BURTON HILLS BLVD.
Address

NASHVILLE, TN 37215
City/State and Zip Code

SGenerotti@amsurg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIE LEIBA-PAUL at (800) 277-0977
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

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CR2E045 (03/12)

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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: GLOBAL SURGICAL PARTNERS, INC.
2. The principal office address: 1613 NORTH HARRISON PARKWAY, SUITE 200, SUNRISE, FL 33323
3. The mailing address (if different): 1A BURTON HILLS BLVD., NASHVILLE, TN 37215
4. Date of incorporation/qualification: 09/17/1998 Document number: P98000080547
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)

   JAY A MARTUS

   1613 NORTH HARRISON PARKWAY, SUITE 200

   SUNRISE, FL 33323

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TALLAHASSEE, FLORIDA

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

   NRAI Services, Inc.

   1200 South Pine Island Road

   P.O. Box NOT acceptable

   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, or the corporation has been notified in writing of the change.

Signature of an officer or director

CLAIRE M GULMI - SECRETARY
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.

By: NRAI Services, Inc. Leila - Paul
Signature of Registered Agent

04/23/15
Date

If signing on behalf of an entity:

NATALIE LEIBA-PAUL - SPECIAL ASSISTANT SECRETARY
Typed or Printed Name

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*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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