P98000080547

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700298971817

70023989718 1.55.00

JUN 0 5 2017 S. YOUNG

17 MAY 31 FX W 16



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tec

tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/105

Re: GLOBAL SURGICAL PARTNERS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	ange is submitted for a corporati er to change its registered office	on organized under the laws of the State of FL or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: GLOBAL SURG	SICAL PARTNERS, INC.	
	office address: Sunrise Boulevard Mailstop PL	-6 Plantation, FL 33322	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/17/19	98Document number: P98000080547	
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	
	NRAI SERVICES, INC.		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	the street address of the business office of its registered agent,	
Such charge wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
\sim	el C. Gilmie	Jill Cilmi, Vice President	
Signatu	ire of an officer or director	Printed or typed name and title	
I further agree ; performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wi	ngent and agree to act in this capacity. Tall statutes relative to the proper and complete th and accept the obligation of my position as registered by to reflect a change in the registered office address, I otified in writing of this change.	
By: Drac		05/24/2017	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President	_	
Т	yped or Printed Name	_	

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