

999000026348

**The Surgery Center of Fort Myers, Inc.**  
**8380 Riverwalk Park Boulevard, Suite 240**  
**Fort Myers, Florida 33919**  
**(941) 481-9292**

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

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-09/08/00--01067--006

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Sirs:

This is to inform you that The Surgery Center of Fort Myers, Inc. remains a corporation in business. The statutory representative has been changed from CSC to:

Mr. Xavier J. Fernandez  
2300 Coral Point Drive  
Cape Coral, Florida 33990

Thank you for your attention to this matter.

Sincerely,



Douglas M. Stevens, MD

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 SEP -8 PM12:27

FILED

RECEIVED

00 MAY -8 AM 9:04

DIVISION OF CORPORATIONS

Xavier Fernandez, Esq.

RA/R0

change

Sf 9/18/00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 9, 2000

Douglas M. Stevens, MD  
The Surgery Center of Fort Myers, Inc.  
8380 Riverwalk Park Blvd., Suite 240  
Fort Myers, FL 33919

SUBJECT: SURGERY CENTER OF FORT MYERS, INC.  
Ref. Number: P99000026348

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 300A00025789

**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 : Surgery Center of Fort Myers, Inc.

2. The mailing address of the corporation : \_\_\_\_\_

3. Date of incorporation/qualification: Mar 22 '99 Document number: 899A00014937

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

~~Warrick Alexander~~ Corporation Service Co  
~~2300 Coral Point Dr~~ 1201 Hays St  
~~Cape Coral FL 33990~~ Tallahassee FL 32301

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

Mr Xavier Fernandez  
2300 Coral Point Dr  
Cape Coral FL 33990

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.

Douglas M Stevens MD  
(Signature of an officer, chairman or vice chairman of the board)

(Date)

7/16/00

Douglas M Stevens MD  
(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.

[Signature]  
(Signature of Registered Agent)

(Date)

7/19/00

If signing on behalf of an entity:

X. J. FERNANDEZ

(Typed or Printed Name)

REG. AGT

(Capacity)

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