

600814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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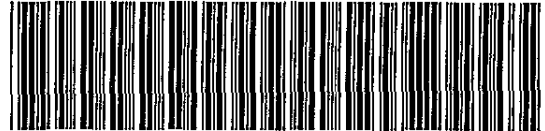
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tampa Bay Orthopaedic Specialists  
(Name of corporation)

**DOCUMENT NUMBER:** 600814

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:

Beverly K. Taylor  
(Name of person)

Tampa Bay Orthopaedic Specialists  
(Name of firm/company)

4000 Park Street North  
(Address)

St. Petersburg, Florida 33709  
(City/state and zip code)

For further information concerning this matter, please call:

Beverly K. Taylor at ( 727 ) 347-1286 ext. #204  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 11, 2002

BEVERLY TAYLOR  
4000 PARK STREET NORTH  
ST. PETERSBURG, FL 33709

SUBJECT: TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A.  
Ref. Number: 600814

We have received your document for TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

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) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 802A00065564

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DIVISION OF CORPORATIONS

**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: Tampa Bay Orthopaedic Specialists, P.A.
2. The principal office address: 4000 Park Street North  
St. Petersburg, Florida 33709
3. The mailing address (if different): Same

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William L. Johnson  
First Union Tower 424 Central Avenue Suite A  
St. Petersburg, Florida 33701

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

Alan S. Gassman, J.D., LL.M.  
1245 Court Street, Suite 102  
(P.O. Box or personal mailbox NOT acceptable)  
Clearwater, FL 33756

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.

Dermot J. O'Connor  
(Signature of an officer, chairman or vice chairman of the board)

Dermot J. O'Connor, M.D.  
(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]  
(Signature of Registered Agent)

11/22/02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)

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

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

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