

A05000000091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

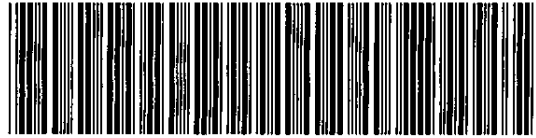
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 06 2009

EXAMINER



**CAPITOL  
SERVICES**

**Limited Partnership Statement of Change  
of Registered Office or Registered Agent,  
or Both**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE:** 4/30/2009  
**STATE:** FLORIDA  
**REP UNIT:** EFO LASER SPINE INSTITUTE, LTD.

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Enclosed for filing please find a Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both for the above referenced name, which is to be filed in your office. Enclosed is check #16241 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

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Capitol Corporate Services, Inc.  
Registered Agent Services



13-23002

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EFO LASER SPINE INSTITUTE, LTD.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A05000000091

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Myra Homer

(Contact Person)

Capitol Corporate Services, Inc.

(Firm/Company)

800 Brazos, Suite 400

(Address)

Austin, Texas 78701

(City, State and Zip Code)

For further information concerning this matter, please call:

Myra Homer

(Name of Contact Person)

at ( 800 ) 345-4647

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. EFO LASER SPINE INSTITUTE, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/10/2005 3. A05000000091  
Date of filing/registration in Florida Florida document number
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Robert P. Grammen  
Name  
9180 Galleria Court, Ste. 600  
Address  
Naples, FL 34109  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CAPITOL CORPORATE SERVICES, INC.  
Name  
155 OFFICE PLZ DR STE A  
Florida street address (P.O. Box not acceptable)  
TALLAHASSEE FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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 obligations of my position as registered agent.*

Delania Case Delania Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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SECRETARY OF STATE