

B95000000314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

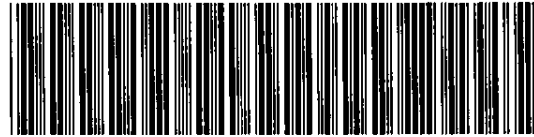
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ophthalmology Center of Brevard, Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Margaret Manning
Contact Person
Ophthalmology Center of Brevard LP
Firm/Company
502 E. New Haven Avenue
Address
Melbourne, FL 32901
City, State and Zip Code
mmanning@floridaeyeassociates.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Manning at (321) 726-4107
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee ☒ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2012

MARGARET MANNING
502 E. NEW HAVENE AVENUE
MELBOURNE, FL 32901

SUBJECT: THE OPHTHALMOLOGY CENTER OF BREVARD, LIMITED
PARTNERSHIP
Ref. Number: B95000000314

We have received your document for THE OPHTHALMOLOGY CENTER OF BREVARD, LIMITED PARTNERSHIP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 412A00012574

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ophthalmology Center of Brevard, Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Trish Barker

Contact Person

Ophthalmology Center of Brevard LP

Firm/Company

502 E. New Haven Avenue

Address

Melbourne, FL 32901

City, State and Zip Code

tbarker@floridaeyeassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trish Barker

Name of Contact Person

at (321)

726-4050

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount: *See attached*

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
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Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

OPHTHALMOLOGY CENTER OF BREVARD LP
502 E. New Haven Avenue
Melbourne, FL 32901

September 21, 2012

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

Re: Filing Fee and Certificate of Status for
General Partnership Certificate of Amendment

On April 24, 2012 a Certificate of Amendment for Ophthalmology Center of Brevard LP was returned to us in error by one of your department specialists. The filing fee check #7086 (copy attached) was not returned with the documents but instead was cashed. Therefore, please apply that payment towards the resubmission of the General Partnership Certificate of Amendment enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Trish Barker", written in a cursive style.

Trish Barker, Administrator

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

The Ophthalmology Center of Brevard, Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 31, 1995, assigned Florida document number B95000000314, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

Ophthalmology Center of Brevard LP

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be *STREET* address)

New Mailing Address:

(May be *post office box*)

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

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TALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)*

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change to Owner name of Fictitious Name:

Delete "THE" and comma before LP.

Should read: Ophthalmology Center of Brevard LP


(see attached)

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)


William Broussard

Manager

ASC of Brevard II, LLC
General Partner

Signature(s) of all new or dissociating general partner(s), if any:

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75