

K61563

(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:

Office Use Only



100263487961

08/26/14--01027--010 **30.00

09/15/14--01059--001 **5.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 15 AM 10:24

FILED

SEP 18 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2014

NATALIE FRAZIER
FLORIDA ORTHOPAEDIC INSTITUTE
13020 N TELECOM PKWY
TEMPLE TERRACE, FL 33637-0925

SUBJECT: MUSCULOSKELETAL INSTITUTE, CHARTERED
Ref. Number: K61563

We have received your document for MUSCULOSKELETAL INSTITUTE, CHARTERED and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 714A00019030

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MUSCULOSKELETAL INSTITUTE, CHARTERED
Name of Corporation

DOCUMENT NUMBER: k61563

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:

Natalie Frazier
Name of Contact Person

Florida Orthopaedic Institute
Firm/Company

13020 N Telecom Pkwy
Address

Temple Terrace, FL 33637-0925
City/State and Zip Code

nfrazier@floridaortho.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Frazier at (813) 978-9700 ext 7397
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Musculoskeletal Institute, Chartered
2. The principal office address: 13020 N TELECOM PKWY
TEMPLE TERRACE, FL 33637-0925
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 01/15/1989 Document number: k61563
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOYCE B ANDERSON
13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637-0925

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

JOYCE B ANDERSON
13020 N TELECOM PKWY
P.O. Box NOT acceptable
TEMPLE TERRACE, FL 33637-0925


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.


Signature of an officer or director

SETH GASSER, MD, Vice President
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 of Registered Agent

08/22/2014
Date

If signing on behalf of an entity:

JOYCE B ANDERSON
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32317

FILED
SEP 15 AM 10:24
TALLAHASSEE, FLORIDA