K61563

_ Cy, rina	equestor's Name)	TELEPHONE
FLORIDA ORTHOPEDIC INST		
4175 E FOWLER AVE		
TAMPA	FL	_ 33617-201
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Name)
(Decument North Land Lea		
(Document Number)		
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		
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Office Use Only

Produced office change



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TRANSMITTAL LETTER

SUBJECT: Musculoske letal Institute, Chartered (Name of corporation)
DOCUMENT NUMBER: K 61563
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:
Joyce Anderson, CEO (Name of person)
Musculos Keletal Institute, Chartered albia Florida prenopaedie Institute (Name of firm/company)
13020 Telecom Parkway North
Temple Terrace, FL 33637-0925 (City/state and zip code)

For further information concerning this matter, please call:

Amendment Section Division of Corporations

TO:

Cynthia Spidell at (813) 978-9700 x7170 (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

'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
Horia a in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: Husculoskeletal Institute, Chartered
2. The principal office address: 13020 Telecom Parkway North
Temple Terrace, FL 33637-0925
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 1/15/1989 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:
Joyce B. Anderson
4775 E. FOWIER AVE.
Tampa, FL 33617
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Joyee B. Anderson
13020 Telecom Parkway North (P.O. Box or personal mailbox 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.
Signarture of an office, challength or vice chairman of the brard) Roy Sanders HD (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 allistatutes 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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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