

L00000013054

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 11 PM 4:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDOSURG OUTPATIENT CENTER LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

DAVID GAYNES ESQ.

Name of Person

DAVID GAYNES PA

Firm/Company

4327 S. HIGHWAY 27 #404

Address

CLERMONT, FL 34711

City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID GAYNES

Name of Person

at (407) 404-0018

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ENDO SURG OUTPATIENT CENTER LLC

2. (a) Principal office address of limited liability company: 8110 CR 44 LEE-A



(Note: **MUST BE STREET ADDRESS**)

LEESBURG, FL 34788

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

8110 CR 44 LEE-A
LEESBURG, FL 34788

3. Date of filing/registration in Florida

10/25/2000

4. Document number

L00000013054

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

AKRAM ISMAIL M.D.

Registered Office Address:

8110 CR 44 LEE-A
LEESBURG, FL 34788

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

DAVID GAYNES, ESQ

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4327 S. Highway 27
#404
CLERMONT, FL 34714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

AKRAM A. ISMAIL

Printed or typed name of signer

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Gaynes
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00