

LO30000017245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

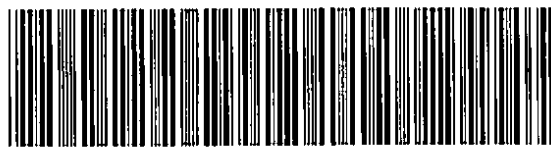
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300330843663

06/24/19--01038--013 **35.00

2019 JUL 18 AM 9:10
SECRETARY OF STATE
FILING OFFICE

FILED

Y SULKER

JUL 18 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

FLORIDA ARTHRITIS CENTER, P.L.
147 PARLIAMENT LOOP STE 1005
LAKE MARY, FL 32746

SUBJECT: FLORIDA ARTHRITIS CENTER, P.L.
Ref. Number: L03000017245

We have received your document for FLORIDA ARTHRITIS CENTER, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 919A00013617

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Arthritis Center, PC
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:

Meena Kapil
Name of Person

Florida Arthritis Center, PC
Firm/Company

147 Parliament Loop, Ste 1005
Address

Lake Mary, FL 32746
City/State and Zip Code

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

For further information concerning this matter, please call:

Dee Kibitz at 407, 259-5951
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2601 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

FILED

2019 JUL 18 AM 9:10

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Florida Arthritis Center, PL

2. (a) Florida Arthritis Center, PL

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

147 Parliament Loop, Ste 1005
Lake Mary, FL 32746

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

02/14/2019

3. Date of filing/registration in Florida

4.

L-3000017245

Document number

5. (a) Sanjiv Kapil

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Florida Arthritis Center, PL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

147 Parliament Loop, Ste 1005
Lake Mary, FL 32746

(b) Kwabena Ayeku

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Florida Arthritis Center, PL

NEW Registered Office Address:

147 Parliament Loop, Ste 1005
Lake Mary, FL 32746

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]
Signature of a member or authorized representative of a member

KWABENA AYERU
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 605, 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.

[Signature]
Signature of Registered Agent