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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 5, 2004

SUSAN SMITH
2499 GLADES ROAD, SUITE 202
BOCA RATON, FL 33431

SUBJECT: SPA MEDICAL SERVICES LLC
Ref. Number: L03000050068

We have received your document for SPA MEDICAL SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 004A00022099

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPA MEDICAL SERVICES LLC
(Name of corporation)

DOCUMENT NUMBER: L030000050068

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:

SUSAN SMITH
(Name of person)

SPA MEDICAL SERVICES LLC
(Name of firm/company)

2499 GLADES ROAD, SUITE 202
(Address)

BOCA RATON, FLORIDA 33431
(City/state and zip code)

For further information concerning this matter, please call:

SUSAN SMITH at (561) 395-1501
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**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. The name of the limited liability company is: SPA MEDICAL SERVICES LLC
2. The mailing address of the limited liability company is : 2499 GLADES ROAD
SUITE 202, BOCA RATON, FL 33431
3. Date of filing/registration in Florida DECEMBER 4, 2003
4. Document number LO3000050068

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATE CREATIONS NETWORK
Name
1130 PROSPERITY FARMS RD. #221E
Address
PALM BEACH GARDENS FL 33410
City, State and Zip

6. The name and address of the new registered agent and/or office:

ERIC M. BAHN 40 SPA MEDICAL SERVICES LLC
Name
2499 GLADES ROAD SUITE 202
Florida street address (P.O. Box NOT acceptable)
BOCA RATON, FL 33431
City, State and Zip

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.

Eric M. Bahn
(Signature of a member or authorized representative of a member)

ERIC M BAHN
(Printed or typed name of signee)

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.

Eric M. Bahn
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314