

L040000002073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

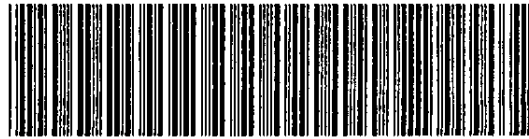
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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2011

NORA GORDON
ORTHOPAEDICS OF BREVARD
830 EXECUTIVE LANE, SUITE 120
ROCKLEDGE, FL 32955

SUBJECT: MURRELL SURGERY CENTER, LLC
Ref. Number: L04000002073

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 111A00003258

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MURRELL SURGERY 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:

BRIAN S. ZIEGLER
Name of Person

MURRELL SURGERY CENTER
Firm/Company

830 EXECUTIVE LANE, SUITE 120
Address

ROCKLEDGE, FLORIDA 32955
City/State and Zip Code

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

For further information concerning this matter, please call:

NORA GORDON at (321) 308-3001
Name of Person 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
*Already paid
ck # 0056*

☐ \$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: Murrell Surgery Center, LLC

2. (a) Principal office address of limited liability company: 830 Executive Lane

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

Suite No. 120
Rockledge FL 32955

(b) Mailing address of limited liability company:

830 Executive Lane

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

Suite No. 120
Rockledge FL 32955

01/08/2004

L04000002073

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Fleming, Linda L Esq.

Registered Office Address:

c/o Buchanan Ingersoll PC
401 East Jackson Street, Suite 2500
Tampa FL 33602 US

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

NEW Registered Agent:

BRIAN S. ZIEGLER

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

830 EXECUTIVE LANE

SUITE 120

ROCKLEDGE FL 32955

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.

Brian S. Ziegler
Signature of a member or authorized representative of a member

Brian S. Ziegler
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.

Brian S. Ziegler
Signature of Registered Agent

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

FILING FEE: \$25.00