## 404000093997

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
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| (Address)                               |  |  |
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| (City/State/Zip/Phone #)                |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
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|   |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
| ,                                       |  |  |
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| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
| Special instructions to Filing Officer. |  |  |
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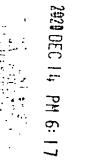
Office Use Only



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#AN 2 7 2021 S. YOUNG



## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| NEUROSURG LLC SUBJECT:   |  |
| Name of I  | Limited Liability Company  |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Ch   | ange and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this mat   | ter to the following:  |
| VALERIE YAP  |  |
| Name of Person   | <del></del>  |
| MOUNT SINAI MEDICAL CENTER OF FLORIDA, IN  | С  |
| Firm/Company   | <del></del>  |
| 4300 ALTON ROAD, WARNER BLDG, 5TH. FLOOR   |  |
| Address  |  |
| MIAMI BEACH, FL 33140  |  |
| City/State and Zip Code  | <del></del>  |
| VALERIE.YAP@MSMC.COM   |  |
| E-mail address: (to be used for future annual re   | port notification)   |
| For further information concerning this matter, pleas  | e call:  |
| VALERIE YAP  | 305 674-2089   |
| Name of Person   | Area Code & Daytime Telephone Number   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amou   | int:   |
| □ \$25 Filing Fee  | □ \$55 Filing Fee & Certified Copy   |

INHS18 (2/14)

## 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.

| . No                              | nme of the limited liability company:  NEUROSURG, I.   |   |
|-----------------------------------|--|---|
| !. (a)                            | Principal office address of limited liability company:   | Mailing address of limited liability company:   |
|                                   | ( <u>Note: MUST BE STREET ADDRESS</u> ) 4300 ALTON ROAD, WARNER BLDG. 5TH FLOOR  | ( <u>Note: MAY BE POST OFFICE BOX</u> )<br>4300 ALTON ROAD, WARNER BLDG, 5TH FLOOR  |
|                                   | MIAMI BEACH, FL 33140  | MIAMI BEACH, FL 33140   |
|                                   |  |   |
|                                   | 12/29/2004   | L04000093997  |
| <b>3</b> .                        | Date of filing/registration in Florida   | 4. Document number  |
| 5. (a)                            | Registered Agent and Registered Office shown on the records of   |   |
|                                   | Registered Agent and Registered Office shown on the records of PRISCILLA FRIENDLAND  | the Florida Dept. of State:   |
|                                   | Registered Office Address (MUST BE FLORIDA STREET) 4300 ALTON ROAD, WARNER BLDG, 5TH FLOOR   | d Office address:   |
|                                   | MIAMI BEACH FL   | L 33140   |
|                                   |  |   |
| (b)                               | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | d Office address:   |
|                                   | VALERIE YAP  |   |
|                                   | NEW Registered Office Address:   |   |
|                                   | 4300 ALTON ROAD, WARNER BLDG, 5TH FLOOR  |   |
|                                   | MIAMI BEACH , FL   | L   |
| chang<br>agent<br>was/w<br>the ar | e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the earth of the members of the operating agreement of the attract of a member or authorized representative of a member. | aws of the State of Florida, it is hereby confirmed that after the eregistered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in elimited liability company.  Printed or typed name of signee  aree to act in this capacity. I further agree to comply with the enterior performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been |