

205 000079610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

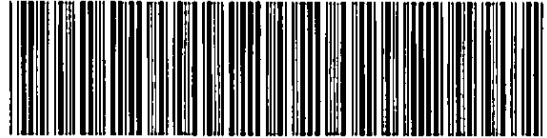
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL NEUROSURGERY, P.L.

Name of Limited Liability Company

DOCUMENT NUMBER: L05000079610

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John T. Leadbeater

Name of Person

N.A.

Name of Firm/Company

2736 Everett Lane

Address

Tallahassee, Florida 32308

City/State and Zip Code

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

For further information concerning this matter, please call:

John T. Leadbeater

850 508-2956
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

John T. Leadbeater

, hereby resigns as

Name of Registered Agent

Registered Agent for Captial Neurosurgery, P.L.

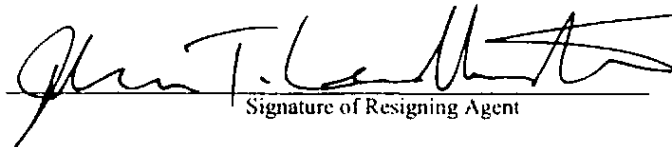
Name of Limited Liability Company

L05000079610

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 JUN 21 PM 1:44

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



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Detail by Entity Name

Florida Limited Liability Company
CAPITAL NEUROSURGERY, P.L.

Filing Information

Document Number L05000079610
FEI/EIN Number 20-3293919
Date Filed 08/12/2005
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed 09/28/2018
Event Effective Date NONE

Principal Address

1889 PROFESSIONAL PARK CIRCLE, SUITE 50
SUITE 50
TALLAHASSEE, FL 32308-4511

Changed: 04/10/2012

Mailing Address

1889 PROFESSIONAL PARK CIRCLE, SUITE 50
SUITE 50
TALLAHASSEE, FL 32308-4511

Changed: 05/05/2009

Registered Agent Name & Address

LEADBETTER, JOHN T.
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1805

misspelled LAST NAME
Leadbeater

Name Changed: 07/11/2007

Authorized Person(s) Detail

Name & Address

Title MGRM

CARR, ANN MM.D.

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90093 047 *****50.00

DOCUMENT # L05000079610 1. Entity Name CAPITAL NEUROSURGERY, P.L.					
Principal Place of Business 1889 PROFESSIONAL PARK CIRCLE, SUITE 50 TALLAHASSEE, FL 32308-4511			Mailing Address 1889 PROFESSIONAL PARK CIRCLE, SUITE 50 TALLAHASSEE, FL 32308-4511		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 203293919 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent LEADBETTER, JOHN T. "TIM" 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301-1805 <i>Misspelled last name "Leadbeater"</i>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE _____ <small>Sign the word or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM CARR, ANN M M.D. 1889 PROFESSIONAL PARK CIRCLE, SUITE 50 TALLAHASSEE, FL 323084511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 8-0-818-7574 <small>Daytime Phone</small>		

**ARTICLES OF ORGANIZATION
OF
CAPITAL NEUROSURGERY, P.L.**

FILED
05 AUG 12 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 621, Florida Statutes, provides the following information for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Professional Limited Liability Company is **CAPITAL NEUROSURGERY, P.L.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

1889 Professional Park Circle, Suite 50
Tallahassee, FL 32308-4511

**ARTICLE 3.
Purpose**

The purpose for which this Professional Limited Liability Company is formed is to engage in the practice of medicine.

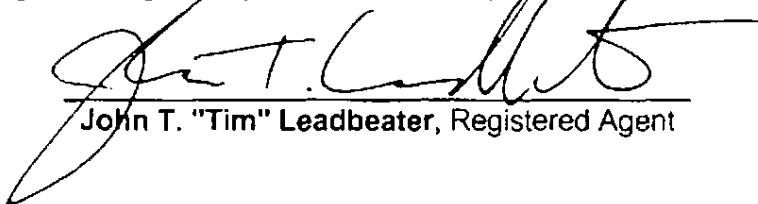
**ARTICLE 4.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

John T. "Tim" Leadbeater
227 South Calhoun Street
Tallahassee, FL 32301-1805

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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 relating 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, Florida Statutes.


John T. "Tim" Leadbeater, Registered Agent


**ARTICLE 5.
Management**

The Professional Limited Liability Company shall be managed by its Member and is, therefore, a Member-managed company. The name and address of the Managing Member are as follows:

ANN M. CARR, M.D., MGRM 1889 Professional Park Circle, Suite 50
Tallahassee, FL 32308-4511

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 9th day of ~~July~~ ^{August}, 2005.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.


Ann M. Carr, M.D., Member