

L06000059487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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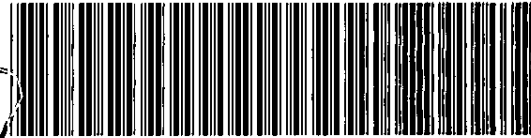
(Business Entity Name)

(Document Number)

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FILED  
10 DEC -1 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC -2 2010

EXAMINER

**FLORIDA**  
Child Neurology, PLLC  
615 E. Princeton Street Suite 225  
Orlando FL 32803  
Phone: 407-897-3544 Fax: 407-897-4016  
A Division of Florida Pediatric Associates, LLC

RECEIVED  
NOV 23 2010

BY: .....

Carl R. Barr, D.O. \* Karen M. Baker, M.D. \* Murtuza K. Kothawala, M.D.  
Alison Conley, CPNP \* Christie Fuller, CPNP \* Sheri Escalante, PA-C

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Child Neurology PLLC  
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:

Shari Craig

Name of Person

Fountainhead Practice Management Solutions, LLC

Firm/Company

1033 Dr. Martin Luther King Jr. St. N Ste. 108

Address

St. Petersburg, FL 33701

City/State and Zip Code

scraig@fountainheadonline.net

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

For further information concerning this matter, please call:

Shari Craig

Name of Person

at (727) 456-4244

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

☐ \$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: Florida Child Neurology PLLC

2. (a) Principal office address of limited liability company: 615 E Princeton St

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

Ste 205  
Orlando FL 32803

(b) Mailing address of limited liability company:

1033 Dr. Martin Luther King Jr St N

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

Suite 108  
St Petersburg FL 33701  
L06000059487

June 9, 2006

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:

Moran Kidd Lyons Johnson Berkson PA

Registered Office Address:

111 N Orange Ave Ste 1200  
Orlando FL 32801

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

**NEW Registered Agent:**

Carl R Barr D.O.

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

1033 Dr. Martin Luther King Jr St N  
Suite 108  
St Petersburg FL 33701

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.

Carl R. Barr D.O.  
Signature of a member or authorized representative of a member

CARL R. BARR, D.O.  
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.

Carl R. Barr D.O.  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
DEC - 1 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL