

LO6000096067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

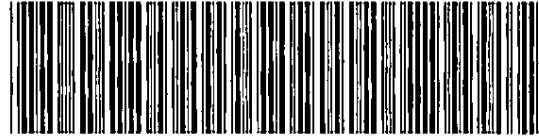
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JAN 24 A 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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160114 AS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2018

SURGERY CENTER OF CORAL GABLES, LLC  
2645 DOUGLAS RD  
SUITE 400  
MIAMI, FL 33133

SUBJECT: SURGERY CENTER OF CORAL GABLES, LLC  
Ref. Number: L06000096067

We have received your document for SURGERY CENTER OF CORAL GABLES, 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):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00026390

2019 JAN 21 A 3:06  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

FILED

Corrected application attached.

Thank you!

2019 JAN 24 11:10:02

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: coral Gables Surgery Center  
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:

Talitha Lastre

Name of Person

coral Gables Surgery Center

Firm/Company

2045 Douglas RD #400

Address

Miami, FL 33133

City/State and Zip Code

TLastre@coralgablesurgery.com

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

FILED  
2019 JAN 21 A 3:06  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Talitha Lastre

Name of Person

at ( 305 ) 461-3229

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 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.

1. Name of the limited liability company: Coral Gables Surgery Center

2. (a) 2645 Douglas RD #400

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

MIAMI, FL 33133

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 1/18/2019

Date of filing/registration in Florida

4. \_\_\_\_\_

Document number

5. (a) MARIA FREED

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2645 Douglas RD #400 MIAMI, FL 33133

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b) Talitha Lastre

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2645 Douglas RD #400 MIAMI, FL 33133

NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

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.

Stephen Blythe  
Signature of a member or authorized representative of a member

Stephen Blythe, Medical  
Printed or typed name of signer

DIRECTOR

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 605, 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.

Lastre, PR  
Signature of Registered Agent