

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000250206 3)))



H110002502063ABCR

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.  
Account Number : I20040000083  
Phone : (954)474-8000  
Fax Number : (954)474-9850

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 17 AM 8:41

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LLC REGISTERED AGENT CHANGE

ORTHOPEDIC & SPINE CENTER OF SOUTH FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
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Help

B. BOSTICK

OCT 18 2011

EXAMINER

H110002502063

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orthopedic & Spine Center of South Florida, 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:

Anastasios Tom Spyredes, Esq.  
Name of Person

Frank, Weinberg & Black, P.L.  
Firm/Company

1800 North Military Trail, Suite 170  
Address

Boca Raton, Florida 33431  
City/State and Zip Code

tspyredes@fwblaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anastasios Tom Spyredes at ( 561 ) 395-3350  
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

☐ \$55 Filing Fee & Certified Copy

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H110002502063

**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: Orthopedic & Spine Center of South Florida, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: MUST BE STREET ADDRESS)

150 South Andrews Ave.  
Pompano Beach, FL 33069

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: MAY BE POST OFFICE BOX)

150 South Andrews Ave.  
Pompano Beach, FL 33069

12/22/2008

3. Date of filing/registration in Florida

L06000121644

4. Document number

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

Registered Agent:

B & C Corporate Services, Inc.

Registered Office Address:

One Biscayne Tower, 21st Floor

Miami Beach, FL 33131

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

NEW Registered Agent:

Frank, Weinberg & Black, P.L.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1800 North Military Trail

Suite 170

Boca Raton

FL 33431

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.

Signature of a member or authorized representative of a member

ROBERT SIMON, MANAGING MEMBER

Printed or typed name of signor

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.

Signature of Registered Agent

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

FILING FEE: \$25.00

DNH518 (05/08)

H11002502063



October 14, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ORTHOPEDIC & SPINE CENTER OF SOUTH FLORIDA, LLC  
150 SOUTH ANDREWS AVE.  
POMPANO BEACH, FL 33069

SUBJECT: ORTHOPEDIC & SPINE CENTER OF SOUTH FLORIDA, LLC  
REF: L06000121644

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H11000235689  
Letter Number: 311A00023580