

L06000122767

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W  
J. BRYAN

NOV 12 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2010

CAROL A VANCE  
CAROL A VANCE, ESQ, CPA, PLC  
411 55TH AVE  
ST PETE BEACH, FL 33706

SUBJECT: TAMPA BAY RADIOSURGERY MANAGEMENT - HILLSBOROUGH  
LLC  
Ref. Number: L06000122767

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TALLAHASSEE, FLORIDA

We have received your document for TAMPA BAY RADIOSURGERY MANAGEMENT - HILLSBOROUGH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 810A00025971

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Tampa Bay Radiosurgery Management - Hillsborough, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/28/2006 and assigned  
Florida document number L006000122767.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Tampa Bay Radiosurgery Management - Hillsborough PLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**MGRM' = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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This entity shall operate a  
licensed medical facility

11-9 2010  
Signature of a member or authorized representative of a member  
FRANK P. FRANZESE MD Managing Partner  
Typed or printed name of signee