

607000005431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800137240288

10/27/08--01011--008 **25.00

FILED
2008 OCT 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 28 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FOOT & ANKLE INSTITUTE 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:

Jayne Montross
(Name of Person)

Florida Foot and Ankle Associates, LLC
(Firm/Company)

8200 NW 27th Street Suite 108
(Address)

Doral, Florida 33122
(City/State and Zip Code)

For further information concerning this matter, please call:

Jayne Montross at (786) 662-3893
(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

FILED
2008 OCT 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: THE FOOT & ANKLE INSTITUTE OF SOUTH FLORIDA, LLC

2. (a) Principal office address of limited liability company: 7000 SW 62ND AVE.
(Note: **MUST BE STREET ADDRESS**) SUITE #310
SOUTH MIAMI FL 33143

(b) Mailing address of limited liability company: 7000 SW 62ND AVE.
(Note: **MAY BE POST OFFICE BOX**) SUITE #310
SOUTH MIAMI FL 33143

01/16/2007

L07000005431

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: IRA M BAUM DPM, LLC

Registered Office Address: 8940 N. Kendall Drive
Suite 801-E
Miami, FL 33176

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

NEW Registered Agent: Thomas Zwick DPM

NEW Registered Office Address: 8200 NW 27th Street
(**MUST BE FLORIDA STREET ADDRESS**) Suite 108
Doral, FL 33122

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.

Jayne Montross
(Signature of a member or authorized representative of a member)

Jayne Montross
(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.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00