

LD8000063534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORNERSTONE MEDICAL GROUP 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:

GERARD ROMAIN

Name of Person

CORNERSTONE MEDICAL GROUP LLC

Firm/Company

13111 SPRING HILL DRIVE

Address

SPRING HILL FLORIDA 34609

City/State and Zip Code

CORNERSTONEMEDICALGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

DR. SHASHIKARSHE

Name of Person

at (352)

597.7315

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2011

GERARD ROMAIN
13111 SPRING HILL DR
SPRING HILL, FL 34609

SUBJECT: CORNERSTONE MEDICAL GROUP L.L.C.
Ref. Number: L08000063554

We have received your document for CORNERSTONE MEDICAL GROUP L.L.C. 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 registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 011A00014840

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: CORNERSTONE MEDICAL GROUP LLC

2. (a) Principal office address of limited liability company: 13111 SPRING HILL DRIVE

(Note: MUST BE STREET ADDRESS)

SPRING HILL FL 34609

(b) Mailing address of limited liability company:

P O BOX 10508

(Note: MAY BE POST OFFICE BOX)

BROOKSVILLE FL 34603

2007

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:

GERARD ROMAIN

Registered Office Address:

12122 CORTEZ BOULEVARD
BROOKSVILLE FL 34618

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

13111 SPRING HILL DRIVE

SPRING HILL FL 34609

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.

Diane K. McElveen
Signature of a member or authorized representative of a member

DIANE K MC ELVEEN

Printed or typed name of signer

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.

G. Romain
Signature of Registered Agent

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

FILED
MAY - 5 AM 10:00
TALLAHASSEE, FL
SECRETARY OF STATE