

L09000026814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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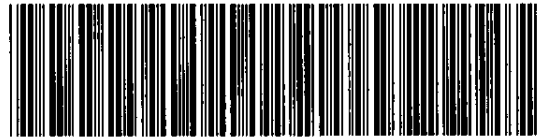
(Business Entity Name)

(Document Number)

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09 NOV 19 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

NOV 20 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GENERAL SURGERY OF PALM BEACH 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:

LUIS RAMON ROSAS

Name of Person

GENERAL SURGERY OF PALM BEACH LLC

Firm/Company

906 P.O. BOX

Address

PALM BEACH, FLORIDA 33480

City/State and Zip Code

L.R.ROSASS.MD@GMAIL.COM

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

For further information concerning this matter, please call:

LUIS RAMON ROSAS

Name of Person

at ( 561 )

506-6677

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 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: GENERAL SURGERY OF PALM BEACH LLC

2. (a) Principal office address of limited liability company: 10131 FOREST HILL BLVD



**(Note: MUST BE STREET ADDRESS)**

SUITE 100 B  
WELLINGTON, FL 33414

(b) Mailing address of limited liability company:



**(Note: MAY BE POST OFFICE BOX)**

906 P.O. BOX  
PALM BEACH, FLORIDA 33480

04/08/2009

3. Date of filing/registration in Florida

4. Document number

L0900002681

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

Registered Agent:

WANG CAPITAL LLC

Registered Office Address:

8136 OKEECHOBEE BLVD

WEST PALM BEACH FL 33411

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

**NEW** Registered Agent:

LUIS RAMON ROSAS

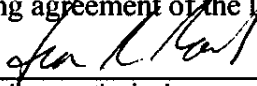
**NEW** Registered Office Address:

10131 FOREST HILL -SUITE 100B

**(MUST BE FLORIDA STREET ADDRESS)**

WELLINGTON, FL 33414

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

LUIS RAMON ROSAS

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.*

  
Signature of Registered Agent

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