

L09000041375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

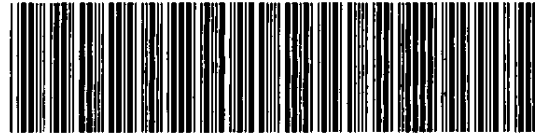
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: US Neurosurgical, Inc
Name of Corporation

DOCUMENT NUMBER: L09000041375

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan Gold
Name of Contact Person

US Neurosurgical, Inc.
Firm/Company

2400 Research Blvd, #325
Address

Rockville, MD 20850
City/State and Zip Code

agold@ghsusn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Gold at (301) 208-8998
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: FLORIDA ONCOLOGY PARTNERS RE, LLC

2. (a) Principal office address of limited liability company: 2400 RESEARCH BLVD., #325

☐ (Note: **MUST BE STREET ADDRESS**) ROCKVILLE, MD 20850

(b) Mailing address of limited liability company: SAME

☐ (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida 4-29-09 4. Document number L09000041375

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

Registered Agent: CT CORPORATION SYSTEM

Registered Office Address: 1200 PINE ISLAND ROAD
PLANTATION, FL. 33324

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

NEW Registered Agent: JAIME LOZANO

NEW Registered Office Address: 1451 S. MIAMI AVE.
(MUST BE FLORIDA STREET ADDRESS) #2102
MIAMI, FL 33130

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.

Sig Alan Gold

ALAN GOLD, MANAGING MEMBER

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

4-26-10

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