

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954) 474-8000
Fax Number : (954) 474-9850

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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11 OCT 18 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
BETH ISRAEL OUTPATIENT SURGICAL CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 18 AM 8:21

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Corporate Filing Menu

J. BRYAN
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OCT 19 2011

EXAMINER



October 18, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FRANK, WEINBERG, BLACK, P.L.

SUBJECT: BETH ISRAEL OUTPATIENT SURGICAL CENTER, LLC
REF: L09000080380

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TALLAHASSEE, FLORIDA

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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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

FAX Aud. #: H11000250162
Letter Number: 811A00023758

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TALLAHASSEE, FLORIDA

H110002511853

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beth Israel Outpatient Surgical Center, 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:

Anastasios Tom Spyredes

Name of Person

Frank, Weinberg & Black, P.L.

Firm/Company

1800 N. Military Trail, Suite 170

Address

Boca Raton, FL 33431

City/State and Zip Code

tspyredes@fwblaw.net

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

For further information concerning this matter, please call:

Anastasios Tom Spyredes

Name of Person

at (561)

395-3350

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

H110002511853

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TALLAHASSEE, FLORIDA

H110002511853

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 603.416 or 603.508, 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: Beth Israel Outpatient Surgical Center, LLC

2. (a) Principal office address of limited liability company:

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

150 South Andrews Ave., Suite 450
Pompano Beach, FL 33089

(b) Mailing address of limited liability company:

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

150 South Andrews Ave., Suite 450
Pompano Beach, FL 33089

08/19/2009

3. Date of filing/registration in Florida

L09000080380

4. Document number

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

Registered Agent:

B & C Corporate Services, Inc.

Registered Office Address:

2 South Biscayne Blvd., 21st Floor
Miami, FL 33131

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

NEW Registered Agent:

Frank, Weinberg & Black, P.L.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1800 North Military Trail

Suite 170

Boca Raton, FL 33431

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

ROBERT SIMON, MANAGING MEMBER
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

INHS18 (05/08)

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