

10/13/2011 11:38 AM

From: Frank, Weinberg, Black, P.L. TO: 1-850-617-6380

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Division of Corporations

L090000104505

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

E. SELLERS
OCT 14 2011
EXAMINER

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

Email Address: _____

REGISTERED AGENT CHANGE
PREMIER ORTHOPEDIC AND NEUROSURGICAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

11 OCT 13 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 13 AM 11:36

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H110002356943

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Orthopedic and Neurosurgical 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:

Anastasios Tom Spyredes, Esq.

Name of Person

Frank, Weinberg & Black, P.L.

Firm/Company

1800 North Military Trail, Suite 170

Address

Boca Raton, Florida 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Premier Orthopedic and Neurosurgical Group, L
2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

150 South Andrews Ave., Suite 430
Pompano Beach, FL 33069

- (b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

150 South Andrews Ave., Suite 430
Pompano Beach, FL 33069

10/29/2009

L09000104505

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:

B & C Corporate Services, Inc.

Registered Office Address:

One Biscayne Tower, 21st Floor

Miami Beach, 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:

1800 North Military Trail

(MUST BE FLORIDA STREET ADDRESS)

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

DBS18 (05/08)

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