

LI0000054827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

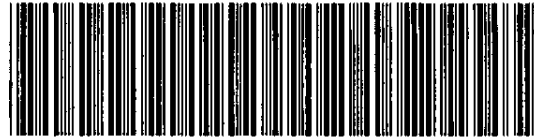
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600259538236

05/16/14--01015--014 **35.00

LC
R/ACMG
JUN 26 2014
R. WHITE

FILED
14 JUN 23 11:53
FBI - MEMPHIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 JUN 23 PM 12:25

May 29, 2014

SARAH SNEATH
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

Correct Forms
attached

SUBJECT: SURGERY MANAGEMENT ASSOCIATES OF KISSIMMEE, LLC
Ref. Number: L10000054827

We have received your document for SURGERY MANAGEMENT ASSOCIATES OF KISSIMMEE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. Please find enclosed and complete the correct form for changing the registered agent/office for a Florida limited liability company.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 814A00011592

We did not receive the
check back. The fee is
different for LLCs.

Thank You!

Sarah Sneath

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surgery Management Associates of Kissimmee, 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:

Sarah Sneath

Name of Person

Adventist Health System

Firm/Company

900 Hope Way

Address

Altamonte Springs, FL 32714

City/State and Zip Code

Sarah.Sneath@ahss.org

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

For further information concerning this matter, please call:

Sarah Sneath

Name of Person

at (407) 357-2333

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 605.0114 or 605.0116, 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: Surgery Management + Associates of Kissimmee, LLC

2. (a) 2450 North Orange Blossom Trail (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Kissimmee, FL 34744

3. 5/20/2010 4. L10000054827
Date of filing/registration in Florida Document number

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

2400 Bedford Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32803

- (b) Laurie Levin, Esq.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

550 E. Rollins Street
NEW Registered Office Address:

Orlando, FL 32803

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]
Signature of a member or authorized representative of a member

Ariel DePrada, Assist. Sec.
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 605, 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]
Signature of Registered Agent