

L10000118071

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

  
J. BRYAN

DEC 14 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Minimally Invasive Surgery Associates of South Florida, 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:

Albert R. Meyer

Name of Person

The Florida Healthcare Law Firm

Firm/Company

909 SE 2nd Ave, Suite 200

Address

Delray Beach, FL 33483

City/State and Zip Code

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

For further information concerning this matter, please call:

Albert R Meyer

Name of Person

at ( 561 )

455-7700

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2011

ALBERT R. MEYER  
THE FLORIDA HEALTHCARE LAW FIRM  
909 SE 2ND AVE, SUITE 200  
DELRAY BEACH, FL 33483

SUBJECT: MINIMALLY INVASIVE SURGICAL ASSOCIATES OF SOUTH  
FLORIDA, PLLC  
Ref. Number: L10000118071

We have received your document for MINIMALLY INVASIVE SURGICAL ASSOCIATES OF SOUTH FLORIDA, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

Letter Number: 311A00027115

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Minimally Invasive Surgery Associates of South

2. (a) Principal office address of limited liability company: 4675 Linton Blvd.

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

Suite 200

Delray Beach, FL 33445

(b) Mailing address of limited liability company: 4675 Linton Blvd, Suite 200

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

Delray Beach, FL 33445

11/12/2010

L10000118071

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:

Harvey Garber

Registered Office Address:

4675 Linton Blvd, Suite 200

Delray Beach, FL 33445

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

NEW Registered Agent:

Eliyahu Shemesh, M.D.

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

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

Printed or typed name of signee

Albert R. Meyer, Esq. Authorized Rep.

*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