

L11000008793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE
AUG 12 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2011

THOMAS SMITH
BRONSTEIN, CARLSON
150 SECOND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701-3355

SUBJECT: PHYSICIANS ASSOCIATES OF SAFETY HARBOR, LLC
Ref. Number: L11000008793

We have received your document for PHYSICIANS ASSOCIATES OF SAFETY HARBOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 011A00016120

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFETY HARBOR SURGERY 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:

Dana M. Dempree
Name of Person

Safety Harbor Surgery Center LLC
Firm/Company

3280 N. McMullen BOOTH RD, Ste 110
Address

Clearwater, FL 33761
City/State and Zip Code

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

For further information concerning this matter, please call:

Dana M. Dempree at (727) 787-3000
Name of Person 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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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: SAFETY HARBOR SURGERY CENTER, LLC
2. (a) Principal office address of limited liability company: 3280 N. McMullen BOOTH RD

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

STE 110
CLEARWATER, FL 33761

- (b) Mailing address of limited liability company:

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

PO Box 800
PALM HARBOR FL
34682

- 5/31/11
3. Date of filing/registration in Florida

4. Document number

L11000008793

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

Registered Agent:

Thomas B. Smith

Registered Office Address:

150 Second Ave NE
SUITE 1100
St. Petersburg, FL 33701

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

NEW Registered Agent:

DANA DEUPREE, MD

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3280 N. McMullen BOOTH RD
SUITE 110
Clearwater, FL 33761

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

Amesh Choudhry
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 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]
Signature of Registered Agent

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