

L11000033438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

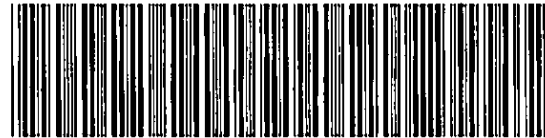
(Business Entity Name)

(Document Number)

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18 JAN -8 PM 3:07
SECURITY STATE
TALLAHASSEE, FLORIDA

623
611



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2017

SHERI BISBY
804 HWY 441
LADY LAKE, FL 32159

SUBJECT: NEUROLOGY CENTER OF EXCELLENCE, PLLC
Ref. Number: L11000033438

We have received your document for NEUROLOGY CENTER OF EXCELLENCE, PLLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 117A00026161

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neurology Centers of Excellence
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:

Dr. Sheri Bisby

Name of Person

Neurology Center of Excellence

Firm/Company

804 Hwy 441

Address

Lady Lake, FL 32159

City/State and Zip Code

shamnickmd@gmail.com

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

For further information concerning this matter, please call:

Sheri Bisby at (352) 750-6387

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

**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: Neurology Center of Excellence, LLC

2. (a) 804 Hwy 466, Lady Lake, FL 32159 (b) 804 Hwy 466, Lady Lake, FL 32159
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 12/20/2017 4. L11000033438
Date of filing/registration in Florida Document number

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

804 Hwy 466
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

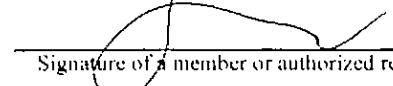
Lady Lake, FL 32159

(b) Dr. Sheri Bisby
Enter name of NEW Registered Agent and/or NEW Registered Office address:

804 Hwy 466
NEW Registered Office Address:

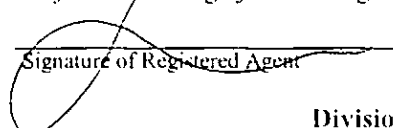
Lady Lake, FL 32159

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

Dr. Sheri Bisby, M.D.
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 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 of Registered Agent

FILED
18 JAN -8 PM 3:07
- SECRETARY OF STATE
- TALLAHASSEE, FLORIDA