

L110000116284

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Gynecology/Urogynecology of Central Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie Jackson

Name of Person

FWC Management Company

Firm/Company

3731 FAU Blvd.

Address

Boca Raton, FL 33431

City/State and Zip Code

Valerie.Jackson@fwcmso.com

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

For further information concerning this matter, please call:

Valerie Jackson

Name of Person

at (**561**) **300-2410 x:434**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Advanced Gynecology/Urogynecology of Central Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/11/2011 and assigned
Florida document number L11000116284.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Advanced Urogynecology, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

3731 FAU Blvd.

Boca Raton, FL 33431

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

3731 FAU Blvd.

Enter Florida street address

Boca Raton

, Florida 33431

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Remove
FILED
Add
Remove
12 DEC 26 PM 4:00
FBI - MEMPHIS
U.S. DEPT. OF JUSTICE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



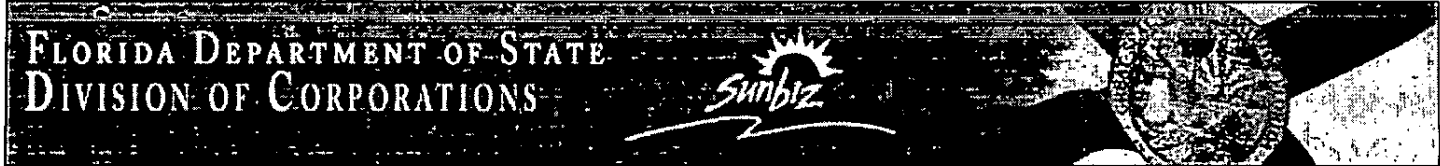
Signature of a member or authorized representative of a member

Kenneth Konsker

Typed or printed name of signee

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Filing Fee: \$25.00

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No Events

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Detail by Entity Name

Florida Limited Liability Company

ADVANCED GYNECOLOGY/UROGYNECOLOGY OF CENTRAL FLORIDA, LLC

Filing Information

Document Number L11000116284

FEI/EIN Number 260609255

Date Filed 10/11/2011

State FL

Status ACTIVE

Principal Address

2501 N. ORANGE AVENUE
SUITE 210
ORLANDO FL 32804 US

Mailing Address

3600 FAU BLVD
STE 101
BOCA RATON FL 33431 US

Changed 04/24/2012

Registered Agent Name & Address

KONSKER, KENNETH A
3600 FAU BLVD
STE 101
BOCA RATON FL 33431 US

Address Changed: 04/24/2012

Manager/Member Detail

Name & Address

Title MGRM

FLORIDA WOMAN CARE, LLC
660 GLADES RD. SUITE 340
BOCA RATON FL 33431 US

Annual Reports

Report Year Filed Date

2012 04/24/2012

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