

L11000135713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

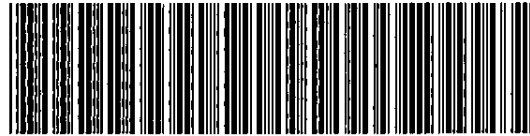
Special Instructions to Filing Officer:

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11 DEC 30 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spine & Healthcare Clinic
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:

Michelle L. Brown
Name of Person

Spine & Healthcare Clinic
Firm/Company

12250 Menta St. Suite 205-206
Address

Orlando FL 32837
City/State and Zip Code

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

For further information concerning this matter, please call:

Michelle L. Brown at (407) 856-0076
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2011

MICHELLE L. BROWN
12250 MENTA STREET, STE. 205-206
ORLANDO, FL 32837

SUBJECT: SPINE & HEALTHCARE CLINIC, LLC.
Ref. Number: L11000135713

We have received your document for SPINE & HEALTHCARE CLINIC, 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):

Please complete sections 1-4 of the document.

The registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 511A00027981

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: Spine & Healthcare Clinic, LLC
2. (a) Principal office address of limited liability company: 12250 Menta St. Suite 205-206

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

Orlando, FL 32837

- (b) Mailing address of limited liability company:

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

12250 Menta St. Suite 205-206
Orlando, FL 32837

12/01/2011

L11000135713

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:

Michelle L. Brown

Registered Office Address:

12550 Menta St. Suite 206
Orlando, FL 32837

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

12250 Menta St. Suite 205-206

Orlando, FL 32837

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.

Michelle L. Brown
Signature of a member or authorized representative of a member

Michelle L. Brown
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 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.

Michelle L. Brown
Signature of Registered Agent

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

FILED
1 DEC 30 PM 3:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE