

L130000002996

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

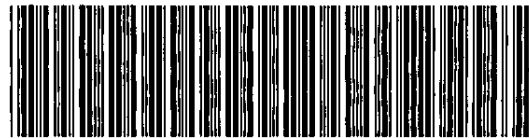
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FMSG TAMPA BAY ORTHOPAEDIC SPECIALISTS 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:

MARSHA ARNOLD  
Name of Person

FLORIDA MUSCULOSKELETAL SURGICAL GROUP  
Firm/Company

6500 66th STREET  
Address

PINELLAS PARK FL 33781  
City/State and Zip Code

MARSHA.ARNOLD@ORTHOCAREFLORIDA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA ARNOLD at ( 727 ) 347-1286 X 207  
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

May 1, 2014

MARSHA ARNOLD  
FLORIDA MUSCULOSKELETAL SURGICAL GROUP  
6500 66TH STREET NORTH  
PINELASS PARK, FL 33781

SUBJECT: FMSG TAMPA BAY ORTHOPAEDIC SPECIALISTS LLC  
Ref. Number: L13000002996

We have received your document for FMSG TAMPA BAY ORTHOPAEDIC SPECIALISTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 114A00009321

RECEIVED  
14 JUN -2 PM 2:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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: FMSG TAMPA BAY ORTHOPAEDIC SPECIALISTS

2. (a) 6500 66th STREET  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

PINELLAS PARK FL 33756

(b) 6500 66th STREET  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

PINELLAS PARK FL 33756

3. 01/07/2013  
Date of filing/registration in Florida

4. L130000002996  
Document number

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

4600 4th STREET NORTH  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SAINT PETERSBURG, FL 33703

(b) HOWARD W SHARF MD  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6500 66th STREET  
**NEW Registered Office Address:**

SAINT PETERSBURG, FL 33781

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

HOWARD W SHARF MD  
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

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

FILED  
OFFICE OF THE CLERK  
14 JUN -2 AM 10:35