

L13000008410

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

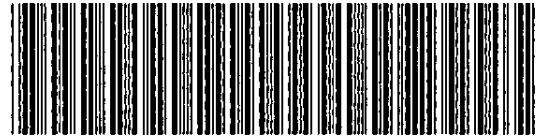
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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AUG 12 2013

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oceanside Surgery, 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:

John T. Malcynski, MD F.A.C.S

Name of Person

Oceanside Surgery, LLC

Firm/Company

2240 W Woolbright RD. Suite 405

Address

Boynton Beach, FL 33426

City/State and Zip Code

jtmal@verizon.net

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

For further information concerning this matter, please call:

John Malcynski, MD FACS at ( 516 ) 832-9440

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

RECEIVED  
13 AUG -9 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 26, 2013

JOHN T MALCYNSKU, MD F.A.C.S.  
OCEANSIDE SURGERY LLC  
2240 W WOOLBRIGHT RD - STE 405  
BOYNTON BEACH, FL 33426

SUBJECT: OCEANSIDE SURGERY, LLC  
Ref. Number: L13000008410

We have received your document for OCEANSIDE SURGERY, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 213A00018135

**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: Oceanside Surgery, LLC

2. (a) Principal office address of limited liability company: 2240 W Woolbright Rd. Suite 405  
Boynton Beach, FL 33426  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 2240 W Woolbright Rd. Suite 405  
Boynton Beach, FL 33426  
**(Note: MAY BE POST OFFICE BOX)**

7/15/2013

L13000008410

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: John T Malcynski, MD

Registered Office Address: 9405 Scarborough Ct  
Port St Lucie, FL 34986

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

**NEW** Registered Agent: John T Malcynski, MD

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)** 8709 Sandy Crest Ln  
Boynton Beach, FL 33473

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.

John T Malcynski  
Signature of a member or authorized representative of a member

John T. Malcynski  
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.*

John T Malcynski  
Signature of Registered Agent

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

**FILING FEE: \$25.00**