

L13000022869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

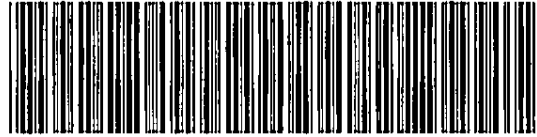
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/29/22--01140--015 445.00

FILED
2023 Feb 27 10:41
CLERK OF COURT

A. RIVERS
MAR 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA SPINE AND JOINT INSTITUTE 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:

KIMBERLY MARTORANO

Name of Person

FLORIDA SPINE AND JOINT INSTITUTE

Firm/Company

1885 MARINA MILE BLVD, SUITE 103

Address

FT LAUDERDALE, FLORIDA 33315

City/State and Zip Code

AP@IRISECARE.COM

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

For further information concerning this matter, please call:

ALTHEA RIVAS JOSEPH

561 674-9608

Name of Person

at

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA SPINE AND JOINT INSTITUTE LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	RYAN FULCHER	6782 W SUNRISE BLVD	<input type="checkbox"/> Add
		PLANTATION, FL 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	KIMBERLY MARTORANO	6782 W SUNRISE BLVD	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

1 If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
2 record is filed.

2022

Kimble Model

Signature of a member or authorized representative of a member

Kimberly Martorano
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2023

KIMBERLY MARTORANO
1885 MARINA MILE BLVD
SUITE 103
FT. LAUDERDALE, FL 33315

SUBJECT: FLORIDA SPINE AND JOINT INSTITUTE, LLC
Ref. Number: L13000022869

We have received your document for FLORIDA SPINE AND JOINT INSTITUTE, 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):

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

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 723A00003112

2023 FEB 27 AM 10:41
FILED

FEB 27 2023